



Service Request Form

U Mobile Sdn Bhd (223969-U)

Interaction Log # :
CRM Order # :

Note: All Service requests require a photocopy of customer's NRIC / Police @ Military ID/ Passport (mandatory) to be attached and submitted with this form.

A. Requestor Information (This section is mandatory)

Mr Mrs Ms Others (please specify) _____

Full Name as per NRIC / Passport / Police ID/ Military ID/ BRN

Company Name :

Authorize Representative Name :

NRIC : - -

Passport / Polis ID/ Military ID :

Business Reg. No. :

Account No. :

Mobile No.1 : -

Mobile No.2 : -

Mobile No.3 : -

B. Service Request (Please tick the applicable box, can be more than one)

Change of Billing Address

Address Line 1 :

State : Postcode :

Change of Alternate Contact Details

Home phone : -

Office phone : - Ext

Fax : -

Alt. mobile : -

Email :

Change of Authorization Representative & NRIC

Name :

NRIC : - -

Credit Limit Increase Decrease

From : To: Deposit:

Change of Rate Plan: (Please tick Mobile No. box and fill-in details)

Mobile No.1 Old Plan : New Plan :

Mobile No.2 Old Plan : New Plan :

Mobile No.3 Old Plan : New Plan :

(a) Early Termination Charges (Please tick Mobile No. box and fill-in details – if applicable)

Mobile No.1 Amount :

Mobile No.2 Amount :

Mobile No.3 Amount :

Suspension (Please tick Mobile No. box and indicate suspension reason)

Mobile No.1 :

Mobile No.2 :

Mobile No.3 :

Reconnection (Please note RM10 reactivation fee apply for each MSISDN)

Mobile No.1 : -

Mobile No.2 : -

Mobile No.3 : -

Change of MSISDN (Please tick the Mobile No. box to be changed and fill-in details)

Mobile No.1 : New Mobile No. -

Mobile No.2 : New Mobile No. -

Mobile No.3 : New Mobile No. -

B. Service Request - continued

Value Added Services (VAS) (please tick the applicable)

Add	Charges	Remove
<input type="checkbox"/> IDD / <input type="checkbox"/> IR (required deposit)	RM200.00	<input type="checkbox"/> IDD <input type="checkbox"/> IR
<input type="checkbox"/> Physical Itemized Bill	RM3.00	<input type="checkbox"/> Physical Itemized Bill
<input type="checkbox"/> E-Billing	N/A	<input type="checkbox"/> E-Billing

Other VAS :

Remarks :

Bill Reprint

Mobile No.1 Mobile No.2 Mobile No.3

Termination (Please tick Mobile No. box and indicate termination reason)

Mobile No.1 :

Mobile No.2 :

Mobile No.3 :

Early Termination Charges (if applicable)

Mobile No.1 Amount :

Mobile No.2 Amount :

Mobile No.3 Amount :

Refund via IBG Bank Transfer (if applicable)

Bank Name :

Bank Account # :

Update the Bank Account Info later (if applicable)

Note: Refund will be process once bank account number is updated

USIM Replacement

Lost / Stolen Damage Faulty Others _____

Old USIM Card Serial No.* :

New USIM Card Serial No.* :

Additional Information*

i. Last Bill Payment / Top Up Date _____ Amount (RM) _____

ii. Frequently Dialed Numbers a. _____ b. _____

Remarks:

C. Declaration

I request the change as selected above. By signing this form I confirm that the information above is true and correct. I acknowledge that I have read, understood and agree to the Term and Conditions of Service in the Registration Form and where applicable, the additional term and conditions in U Mobile Sdn. Bhd. Product information brochure or website. I agree that I may be jointly or severally liable for additional costs, charges or expenses if I choose to receive any of the Value Added Service above or if I ask for the change as selected and I must pay all costs, charges and expenses relating to the change. I authorize U Mobile Sdn. Bhd. to verify the information I have given including my personal information and to use the information according to the Terms and Conditions of service in the Registration Form.

*Customer Signature and Company Stamp (for corporate customer only):

*Date: DD / MM / YYYY

For Office Use Only:

Prepared by :

CRM ID :

Date :

Remarks:

Staff signature & Company stamp