

APPLICATION FORM	
FOR OFFICE USE ONLY	
W/O No.	

PLEASE READ THE TERMS & CONDITIONS OVERLEAF BEFORE SUBMITTING IN THIS APPLICATION FORM

A. PERSONAL DETAIL

Name : _____

Passport No * : _____ NRIC No * : _____
(for non-Malaysians only)
* Please attach a photocopy of PASSPORT for non-malaysian or I/C for malaysian

Nationality : _____

Address : _____

(NOTICE: Invoice will be issued through online ONLY - www.macrolynx.com) POSTCODE : _____

E-mail Address : _____
(Compulsory)

Contact No : Tel (Home) : _____ Handphone : _____
Tel (Office) : _____ Fax : _____

B. CORRESPONDANT ADDRESS (if differ from above)

Address : _____

(NOTICE: Invoice will be issued through online ONLY - www.macrolynx.com) POSTCODE : _____

C. PACKAGES (Please tick where applicable)

myLYNX Packages *

myLYNX55

myLYNX55+Vol

Others _____

Upfront Payment Scheme

Monthly (*Credit Card Users Only*) Half Yearly (**Free 2 Weeks**)

Quarterly Yearly (**Free 1 Month**)

* Broadband Speed is on BEST EFFORT BASIS

D. PAYMENT MODE (Please tick where applicable)

Cash * Cheque * Online Bill Payment ** Credit Card

* We ONLY accept CASH, CHEQUE and CREDIT CARD for initial payment. Online Bill Payment is available for subsequent payment.

* Minimum 3 months upfront is required if payment is either by CASH or CHEQUE + 1 month refundable deposit + Activation & Installation Fee

* Bank in cash or cheque to Maybank account No: 5140 1173 2684 and kindly fax the payment slip to 03-2166 6533. Cheque is payable to "MACRO LYNX SDN BHD".

** Online Bill payment available at www.maybank2u.com.my, www.rhbbank.com.my, www.cimbclicks.com.my, www.payonline.com.my and www.ambg.com.my

Card Number : _____

Cardholder's Name : _____

Type of Card : Visa MasterCard

Card Expiry Date : _____ Month _____ Year

I / We authorize Macro Lynx Sdn Bhd, until further notice to charge my Credit Card account stated below and renewal or replacement thereof towards my Broadband Internet Access.

Signature : _____ Date : _____

E. AUTHORIZATION AND UNDERTAKING

I / We, the authorized person(s) using the "Service", have read and understand the terms and condition overleaf and agree to be bound by them. I / We declare the given information above is true and completed. It is hereby agreed that authority shall remain in force until cancelled in writing with one month's notice of cancellation being given. I / We authorize "Macro Lynx Sdn Bhd" to verify the above information herein from whatever source as may be required.

For Enquiries

AUTHORISED SIGNATORY

Name : _____

Date : _____

NOTE:

Kindly fax in your application form (Please attach a photocopy of PASSPORT for non-malaysian or I/C for malaysian) to **03-2166 6533** for IMMEDIATE processing or you may submit to respective building management.