Contact Person: Kee Yan Contact No.: 28837041 / 51882892

	/P-Net Service Application Form Email Address: fook-kee.yan@pccw.com
Customer Details Customer Name (The customer):	
Billing Account Number (if applicable) Customer BR No:	
Installation Address Flat/Room: Floor: Block/Tower: Street:	Building/Estate: District:
Billing Address Flat/Room: Floor: Block/Tower:	Building/Estate:
Street:	District: UHK UKLN UNT
Name: Tel. no / Mobile no.	Email Address
Technical Contact (If different from Administrative/Billing Contact	
Name: Tel. no / Mobile no.	Email Address
Service Details	
☑ New Connection ☐ External Relocation ☐ Internal Relocation	Reconfiguration Termination
Others (please specify) Line no(s), for reference	
Contract Terms: Nel Yes (please specify) User application to be run on this network service:	Months
Requested For *Service / Termination Date (note 1) : CPE Router (Y/N)?	
Connectivity	
Services: Metro-IP (Silver)	
	No. of Installation Monthly Rental Charge Per
Port Type Bundle Router (note 2) Bandwidth Bundle Router (Others)	Diversity Option Ends Charge Per End (HK\$) (note 3) End (HK\$)
2M Standard (GRTR) C1841	(1) 0 1560
Second Connectivity	
Services:	
Dad Tires	No. of Installation Monthly Rental Charge Per No. 1
Port Type Bundle Router (note 2) Bandwidth Bundle Router (Others)	Diversity Option Ends Charge Per End (HK\$) (note 3) End (HK\$)
	()
Network and Router Management (Please fill in Port Parameter Form/ AppConnect Port Parameter Form)	
□ Router Management Services □ Customer Network Management Service with E-Alert ONE.CNMS (RMS must be selected)	
☐ Wireless Services Mobile FMI	
SLA	
Services: Metro-IP (Silver) Mean time to repair (MTTR): 4 Hours	Service Availability: 99.98%
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Sales Channel:

Consultant Name & Tel

Agent Name & Contact Point & Tel. No. (Ch. Sales only):