

Customer's Existing Details

Name (in full): Current Package:
 Contact Person: Current CPE ID:
 Address: District:
 Street Name: Delivery Medium:
 Email Address(es): Contact Number(s):

Requested Service(s)

- | | | |
|--|--|--|
| <input type="checkbox"/> Reactivation | <input type="checkbox"/> Upgrade ROL Internet Service* | <input type="checkbox"/> Modem Transfers |
| <input type="checkbox"/> Deactivation (Temporary) | <input type="checkbox"/> Relocation Same Building | <input type="checkbox"/> Change of Billing Address |
| <input type="checkbox"/> Deactivation (Permanent) | <input type="checkbox"/> Relocation Different Building | <input type="checkbox"/> Ownership Transfer |
| <input type="checkbox"/> Downgrade ROL Internet Service* | <input type="checkbox"/> E-mail accounts and Web space | <input type="checkbox"/> Change of Username/Password |
| <input type="checkbox"/> Child Safe Internet Environment | <input type="checkbox"/> Add-on 1Mbps Speed | <input type="checkbox"/> Add-on 2Mbps Speed |
| <input type="checkbox"/> Others (Please Specify): | | |
| | | |
| | | |

*Upgrade / Downgrade to;

- | | | |
|---|---|--|
| <input type="checkbox"/> ROL Value Pack 256k (students Package - Child Safe IE) | <input type="checkbox"/> Biz Broadband 1M | <input type="checkbox"/> Corporate Access 256k Primary |
| <input type="checkbox"/> ROL Broadband 256k Value | <input type="checkbox"/> Biz Broadband 2M | <input type="checkbox"/> Corporate Access 1M |
| <input type="checkbox"/> ROL Broadband 512k Lite | <input type="checkbox"/> Biz Broadband 3M | <input type="checkbox"/> Corporate Access 2M |
| <input type="checkbox"/> ROL Mega Pipe 768k Solo | <input type="checkbox"/> Biz Broadband 4M | <input type="checkbox"/> Corporate Access 5M |
| <input type="checkbox"/> ROL Mega Pipe 1Mbps Multi | | <input type="checkbox"/> Corporate Access 10M |
| <input type="checkbox"/> Night Rider 1MB (TOD - 00:00hrs to 07:00hrs) | | |
| <input type="checkbox"/> ROL Mega Speed 4M | | |

Change of Customer's Information

Name (in full): District:
 Contact Person: Atoll, Island:
 Address: Contact Number(s):
 Street Name: E-Mail Address(es):

Modem Transfers

Wireless to Cable Modem Transfer

Cable Modem to Wireless Modem Transfer

Others (Please Specify):

Free E-mail(s) and Webspace on Request

Preferred Username for your email account: (a) (b)

(c) (d)

Preferred Free Domain name: (a) http:// (b) http://

(c) http:// (d) http://

Customer's Signature

I/We agree to abide by Terms and Conditions for the provision of ROL Services and any amendments there to made from time to time.

Signature of the Subscriber: Date: Company Stamp:

For ROL Use

Processed By:	Verified By:	Authorised By:	Approved By:
Signature:	Signature:	Signature:	Signature:
Name:	Name:	Name:	Name:
Date:	Date:	Date:	Date:

Remarks:

ROL Stamp