

BBS Change of Service Circuit Relocation Form

Account No.: _____

For existing HGC business broadband customer only. Please complete the form in English and send it by fax with your valid Business Registration to 1221. Kindly send the original by mail to the address above.

Company Name: _____ Contact Tel. No.: _____

Contact Person Name: _____ Fax No.: _____

Changes Request Date: _____ (D/M/Y) Circuit No.: _____

*Changes of Service will be effective in 20 working days upon our verification of the completed form. Please resend if no reply is received.

Note: Relocation is subject to network availability.

*The existing IP address range will change because of the relocation. (Please amend DNS record, if any)

Please select your choice with "X".

Service Name	Service Nature	Unit Price	Total Charge
<input type="checkbox"/> Relocation Within Building	<input type="checkbox"/> Same Flat / <input type="checkbox"/> Different Flat	HK\$900 [IR00]	HK\$
<input type="checkbox"/> External Relocation	<input type="checkbox"/> Dynamic IP Plan	HK\$1,200 [ER02]	HK\$
	<input type="checkbox"/> Fixed IP Plan*	HK\$1,800 [ER01]	HK\$
<input type="checkbox"/> Non-Office Hour	Additional Charges	HK\$400 / hour, minimum 2 hours	HK\$
Grand Total :		One Off Charge:	HK\$

Please select your choice with "X".

Preferred Installation Time				
<input type="checkbox"/> Office Hour	<input type="checkbox"/> 0900 – 1100	<input type="checkbox"/> 1100 – 1300	<input type="checkbox"/> 1300 – 1500	<input type="checkbox"/> 1500 – 1700
<input type="checkbox"/> Non – Office Hour	Times: _____	Extra Charges: HK\$400 / hour, minimum 2 hours		

Installation Address	
On Site Contact Person: _____	Contact Tel. No.: _____
New Installation Address: _____	
Supporting documents for change of installation address:	
<input type="checkbox"/> New BR copy	
<input type="checkbox"/> Other documentation proof, please specify: _____	

Change of Account Information	
New Correspondence Address _____	
New Billing Address (if different from the above address) _____	
New Administrative Personnel Contact: _____	Contact Tel. No: _____
New Email Address: _____	Fax No.: _____

Remarks: _____

Acknowledgment Signature and Company Chop: _____

Signatory Name: _____ Title: _____ Date: _____

Official Use Only	Salesman Name & Code: _____	Salesman Signature & Chop	VCN: _____
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