MoBif-PTCS - Call Through Discounted Postpaid System for PTCS Members APPLICATION FORM

1.0 DETAILS OF APPLICANT Name of Applicant (As per NRIC/Passport) PTCS Member No. Address Postcode City **State** Tel. No. Home Moble Fax No. **Email NRIC** Gender **Nationality** Male **Femaie Date of Birth** Age Race Malay Chinese Indian Others 2.0 NUMBERS TO BE REGISTERED No. of Telephone Line