



BUSINESS BROADBAND SERVICE RELOCATION FORM

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Please complete the following in BLOCK letter		Page 1 of 2				
Customer Information						
Company Name:						
BR No.:	Account No.:					
Tel.:						
Administrative Contact Name :	Technical/LAN Admin/Agent Contact Name :					
Tel/Mobile : Fax :	Tel/Mobile :	_				
E-mail Address :	E-mail Address :					
Service Details						
Please select service type:						
Single Access / Multi Access / Premier Multi	ti Access HK \$	700				
Always-On / Dedicated Internet Access -	BB HK \$	1,200				
Relocation Service lead time : 7 days (Service le	ad time does not include 2N buildin	$(q)^4$				
* 28 working days for Always On Relocation						
Existing Installation Address:						
New Installation Address:						
New Billing Address:						
(if any)						
Remarks:						
Service Request Date: Over-time Surcharge Details	(please refer relocation service lead time for reference)					
	<u> </u>	Non Office Hour				
For Single Access / Multi Access / "Premier" Multi Access only Line Installation	HK\$1,000 / line	<u>Non-Office Hour</u> Mon-Fri 18:00 - 09:00				
—	11K91,0007 inte					
For Always On / Dedicated Internet Access-BB only		Sat: 13:00 - 00:00				
Line Installation and Router Reconfiguration	HK\$1,000 / line / router	Sun & Public Holidays				
Service Notes						
1. For relocation request, the router has to be relocated b	y customers themselves.					
 \$1,000 per subsequent hour Relocation service will be performed during office hour: 	s: Mon-Fri 9:00-18:00_Sat 9:00-13:00					
4. Service lead time for 2N building (building's block wirin		ys from the 2N Building Management Office				

 Service lead time for 2N building (building's block Permit is issued.





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Personal Data Privacy

Depending on the Service or combination of Services subscribed for in this Application, the personal data and other information so provided are collected, used and retained by either one or more of the service providers of PCCW Group including the Company, PCCW Mobile HK Limited and PCCW Media Limited (as the case may be) in accordance with the requirements in the Personal Data (Privacy) Ordinance and the Privacy Policy Statement which is accessible at http://www.pccw.com/legal/privacy.html which als governs, together with the Company's General Conditions of Service (if applicable), how such personal data and other information are used and other information are used and other information are used and/or disclosed is for the processing and provision of the subscribed and related services. The data may be disclosed to affiliates, related companies, debt collection agents, third party channel providers or other business partners for provision of the services as well as promotion of different goods and services.

Customer Confirmation and Personal Information Collection Statement

affiliates, related companies, debt collection agents, third party channel providers or other business partners for provision of the services as well as promotion of different goods	al Conditions (if applicable), how such personal data and other information are used and to whom they may be disclosed. The main are used and/or disclosed is for the processing and provision of the subscribed and related services. The data may be disclosed to s, third party channel providers or other business partners for provision of the services as well as promotion of different goods and
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2 The Customer wishes to subscribe to the BNS and acknowledges that: (1) the Customer has read the terms & conditions set out in this Application; (11) the Customer agrees to be bound by all the terms and conditions applicable to the service(s) subscribed including how the personal data may be used and to whom the data may be transfered. The Customer is aware of its right to access and correct its personal data by contacting the Privacy Compliance Officer by writing to GPO Box 9896 or privacy@pccw.com; and (IV) all information provided in this Application is true and correct.

		Name: Title:		
Authorized Signature & Company Chop		Date:		
For Official Use Only				
AM / Salesman Name:	Source Code / Staff No.:		Segment:	BB/CC/GG/CCS/CSL/Others
Tel:	Fax:			
Approved by:	Name:		Title:	
	Dept:		Order Date:	

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