



## APPLICATION FORM FOR IP-VPN

User ID : \_\_\_\_\_ Application Date : \_\_\_\_\_

Company Name : \_\_\_\_\_ ID : \_\_\_\_\_

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Address : \_\_\_\_\_ Billing Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

### Location/Branch Office

SL	Location/Branch Office	Bandwidth
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## APPLICATION FORM FOR IP-VPN

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## APPLICATION FORM FOR IP-VPN

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**Note :** VPN concentrator, Routers and Leased Lines modems at site to be provided by Customer.

**Optional :** If you require internet connection, please specify the bandwidth \_\_\_\_\_

**Preferred Installation Date/Time:** \_\_\_\_\_

*Every effort is made to perform installations in a timely manner, however please note that installations will be made on a first come-first served basis*

**Activation Date:** \_\_\_\_\_

The service can be activated on any date of the month. Billing will commence from this date.

*I declare that the above Internet services have been installed and are working on my premises. Additionally I have been instructed on how to use the above products and that the services have been installed to my satisfaction.*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



# APPLICATION FORM FOR IP-VPN

**To be filled in by DrukNet Staff**

Installation Date:Installed By : _____	Activation Date:Account Created By: _____
Activation Date: _____	Account Created By: _____
Money Receipt# _____	
Billing Set Up By : _____	Date : _____