



Fill out and return to 2Connect by Fax at: 17500109
 Include copy of CR / CPR

12th Floor, BBB Tower
 Government Avenue
 P.O.Box: 18057
 Manama, Kingdom of Bahrain
 Tel.: +973 1650 0100
 Fax: +973 1650 0109

Customer Details

Account Name: _____
 CR / CPR No.: _____
 Authorised Signatory Name: _____ CPR No.: _____ Title: _____

Internet Only

ADSL Registered Telephone Number: _____
 Existing User/Email ID: _____
 Include a recent copy of an existing internet/phone bill

2Call Only

2Call accounts to be activated on
 Number 1: [][][][][][][][][] Number 2: [][][][][][][][][]
 Number 3: [][][][][][][][][] Number 4: [][][][][][][][][]

Flat No.: _____ Bldg./Hse No.: _____
 Road No.: _____ Block No.: _____
 Contact Person : _____ Position : _____
 Contact Mobile No.: _____ Fax No.: _____
 Contact Email ID : _____

Choose your service(s)

New Upgrade Refil Cease Other _____

<p>Internet Packages</p> <p><input type="checkbox"/> Residential (ADSL modem included Except 256 kpbs package) Limited</p> <p><input type="radio"/> 256/64kpbs (2GB Threshold) <input type="radio"/> 512/128kpbs (7GB Threshold) <input type="radio"/> 1m/256kpbs (15GB Threshold) <input type="radio"/> 2m/512kpbs (20GB Threshold)</p>	<p>2Call Calling Account</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Standard <input type="checkbox"/> Premium <input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Business Limited</p> <p><input type="radio"/> 256/64kpbs (2.5GB Threshold) Single User <input type="radio"/> 256/64kpbs (5GB Threshold) <input type="radio"/> 512/128kpbs (10GB Threshold) <input type="radio"/> 1m/256kpbs (15GB Threshold) <input type="radio"/> 2m/512kpbs (20GB Threshold)</p>	<p>Value Added Services</p> <p><input type="checkbox"/> Webhosting : _____ <input type="checkbox"/> Disaster Recovery : _____ <input type="checkbox"/> 165 Number : _____ <input type="checkbox"/> Other Service : _____</p>
<p><input type="checkbox"/> Dedicated Internet Speed: _____</p>	

Method of Payment

Post - Dated Cheques Other (Additional BD 5/Month for Internet)
 Standing Order Credit Card
 Bank Name: _____ Credit Card Type: _____
 Account Holder Name: _____ Credit Card Number: _____
 Account Holder CPR/CR No.: _____ Card Holder Name: _____
 Account Number: _____ Security Code: _____
 Expiry Date: _____

2Connect use only

Setup: [][][][][] CPR/CR Copy: Existing Bill Copy:
 Monthly Fee: [][][][][]
 Credit: [][][][][] Authorising Manager: _____
 Account No.: [][][][][][][][][] Processed by: _____
 Account Manager: _____ Date : _____
 Comments: _____

REGISTRATION FORM