

Subscriber's Full Name:
Authorized Representative's Full Name:
Subscriber's Account number:

### SERVICE TYPE

- FiberX     
  BIDA     
  Surf2Sawa     
  SME     
  CORPORATE  
 OTHERS (please specify): \_\_\_\_\_

### TYPE OF MODIFICATION / REQUEST

- |  |   |
|--|---|
| <input type="checkbox"/> Add/ Remove VAS                           | <input type="checkbox"/> Permanent Disconnection      |
| <input type="checkbox"/> Change Billing Address                    | <input type="checkbox"/> Reconnection                 |
| <input type="checkbox"/> Change Mobile Number/ Email Address       | <input type="checkbox"/> Refund                       |
| <input type="checkbox"/> Change of Account Ownership               | <input type="checkbox"/> Temporary Disconnection      |
| <input type="checkbox"/> Change of Service Address / Site Transfer | <input type="checkbox"/> Plan Change (please specify) |
- Others (please specify): \_\_\_\_\_

From	To
Details of request	

**List of documents submitted (to be filled up by Business Center Representative):**

POID   
  POB   
  POI   
  OTHERS

Remarks: \_\_\_\_\_

For **Change of Ownership request**: I hereby confirm the assignment of the Subscriber account stated above to me. As the new owner of the Subscriber Account, I likewise confirm that I have read, understood and agreed to abide by the terms and conditions for the provision of the service, including the obligation to pay for any and all valid charges due to the Subscriber Account upon the effectivity of the transfer. I also agree to continue with my subscription to the service for the duration of the remaining lock-in period, if applicable.

**New Customer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Printed name and signature)

Ticket/Request number:	Branch/Company:	Assisted by:	Transaction Date:

By signing below and submitting this Aftersales Request Form to Converge Information and Communications Technology Solutions, Inc. ("Converge"), I confirm that I am the Subscriber of the Subscriber Account stated above/ authorized representative of the Subscriber of the Subscriber Account stated above and I have requested the change/s above. I understand that changes may affect my monthly billing and that additional fees may apply, pursuant to the agreement applicable to my subscription for the service.

Further, I agree to the collection, processing, storage and disclosure of my data in line with Converge's Privacy Notice as stated in [www.convergeict.com/privacy-notice/](http://www.convergeict.com/privacy-notice/) and understand that the Privacy Notice is subject to changes to align with internal operations and regulatory requirements.

**Customer's/ Authorized Representative's Signature** \_\_\_\_\_  
 (Printed name and signature)

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Customer's copy

Ticket/Request number:	Branch/Company:	Assisted by:	Transaction Date: