



NATIONAL INFORMATION COMMUNICATION TECHNOLOGY
BROADBAND BACKBONE

APPLICATION FORM FOR NICTBB CAPACITY SERVICE (S)

Customer Details:

Name:

License Type:

Contact for this Application: (Address, email and phone)

Required Capacity Service:

Capacity Required:

Termination Service type: OTN/SDH: ETHERNET:

Contract Type and Period:
(Annual/IRU)

End NODES (nominate): A – END B – END

Drops Required: YES/NO No. of Drops

Drop Points – A - B

Date required: ----/----/-----

Full Name and Position of Authorized Officer

Contact email and telephone

Signature and Official Stamp: _____

Date of Application: ---/---/-----