



## TMO REWARDSCLICK PROGRAMME REGISTRATION FORM

Please kindly fax and attention to:

Marketing Department  
Fax No: 6 297 2007

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name of Authorized Personnel: \_\_\_\_\_  
(If applicable)

Signature of Authorized Personnel: \_\_\_\_\_  
(If applicable)

Remarks

\* Redemption of reward item(s) will only be accepted with the signature of the authorized personnel.