

**FORMULIR PERUBAHAN ALAMAT**  
**ADDRESS ALTERATION FORM**

Nomor Pelanggan : \_\_\_\_\_  
*Customer Number*

Nama Pelanggan : \_\_\_\_\_  
*Customer Name*

Alamat Rumah : \_\_\_\_\_  
*Home Address*

\_\_\_\_\_

Kode Pos : \_\_\_\_\_  
*Postal Code*

Nomor Telepon : \_\_\_\_\_  
*Phone Number*

Alamat Tagihan : \_\_\_\_\_  
*Billing Address*

\_\_\_\_\_

Kode Pos : \_\_\_\_\_  
*Postal Code*

Nomor Telepon : \_\_\_\_\_  
*Phone Number*

Jakarta, \_\_\_\_\_

( \_\_\_\_\_ )

**Harap melampirkan fotocopy KTP Pemilik Account**

*Please attach copy of ID Card*

**Kirim melalui faksimile (021) 2850-7101 Up. Customer Service**

*Please fill in this form and send it by fax to (021) 2850-7101*