

MAIL-IN FORM

BORANG PENGHANTARAN MELALUI POS

CONTACT	INFORMATION
Name:	
Address:	
Telephone Num	ber:
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DEVICE IN	<u>IFORMATION</u>
DEVICE MODEL:	
DEVICE ISSUE:	
DEVICE PASSWOR	D:
	IF PATTERN, PLEASE DRAW WITH ARROW

*Please ensure the device is well packaged with bubble wrap and fragile sticker from courier