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Tashi InfoComm Limited

Post-Paid Threshold Form

To,
The Regional Manager
Marketing Department
TICL

Dear Sir/Madam,

I _____ holding mobile number _____ registered under the CID number _____ would like to set my post-paid threshold amount to Nu _____.

I hereby declare that all the information provided above are true and I shall take full responsibility if any issues related to this form.

Affix
Legal
Stamp

Name of Customer:

Date: DD/MM/YY

For Official Use

To CCE,

Please kindly set the threshold for mobile number _____ to Nu. _____ as requested by the customer.

(Name & signature)
Regional Manager
Marketing Department

Threshold set by
Name of the CCE:
Signature: