SERVICE DEFINITION DOCUMENT
(to be completed at the time-of-Service Order & Delivery)

I) Customer Information

Customer Name:	
Complete Address:	
Name of Business Contact:	
Phone / Mobile:	
Email Address:	
Customer Type:	Standard
Complete Billing Address:	
Billing Email:	

II) Service Description

Service Category:	
Service Type:	Leased Line Internet Access
Service Location:	
IP Port Capacity Ordered:	
Required Speed & Contention Ratio:	
Service Needed by Date:	
Billing Cycle:	
Payment Type:	Upfront Payment

III) Charges

Initial Setup Charges:	
Monthly Recurring Charges:	
Monthly CPE Rental Charges:	
Annual IP Address Charges:	
Minimum Subscription Period:	

IV) A: Service Quality Assurances Normal Mode (Traffic through Fibre)

Capacity Contention Ratio:	
Service Availability (Uptime):	99.50%
Latency (Major Destinations):	<400 millisecond
Packet Loss:	<1%

IV) B: Service Quality Assurances Degraded Mode (during transmission fiber cut)

Capacity Contention Ratio:	1:1
Service Availability (Uptime):	98.00%
Latency (Major Destinations):	<1000 millisecond
Packet Loss:	< 5 %

IV) C: Support Services Assurances

Helpdesk Services and Maintenance support:	8x5 (8 hours for five working days)
Response Time:	< 2 Hours
Critical & Major Problems Resolution:	< 8 Hours (Excluding Travel Time)
Minor Problems:	< 24 Hours

IV) D: Service Credits

Service Availability (>99.5%):	No Credits
Service Availability (<99.5%):	1:1 (1 hour Service extension for every hour of Service Outage). Please refer to Note.
Note: *Service extension Credits shall be filed by the Customer & will be adjusted in subsequent Service Period after verification by TICL*	

V) Contact Information for Support Services

Help Desk (24x7)	Call Centre: 7701/77105646
Level 1 Support:	helpdesk@tashicell.com / support2.isp@tashicell.com
Escalation to:	General Manager AND gm.access@tashicell.com 77101117

***VI)* Service Commissioning Information** *(To be filled at the time of Service Acceptance)*

Installation Completion Date:	
Service Commissioning Date:	
Test Period Start Date:	
Service Date:	
First Invoice Date:	
Service Accepted by (Name & Initial):	
TICL Representative (Name & Initial):	