

CHANGE OF COMPANY CONTACT INFORMATION REQUEST FORM

**Attn: Customer Admin
Fax : 6873 0837**

Company Name : _____ Account Id :

Requestor's Name : _____ Contact No. : _____

Email Address : _____ Fax No. : _____

Please tick (v) the box and complete the particulars to be updated :

<input type="checkbox"/> Company Correspondence Address New Address : _____ _____ _____ Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Contact/Fax Number New Contact No.: _____ New Fax No. : _____
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<input type="checkbox"/> Contact Person <u>Current Contact Person</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____	<u>New Contact Person</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____
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<input type="checkbox"/> Decision Maker <u>Current Decision Maker</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____	<u>New Decision Maker</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____
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<input type="checkbox"/> Billing Administrator <u>Current Billing Administrator</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____	<u>New Billing Administrator</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____
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Authorisation

I certify that all the above information given are correct and true :

Signed for and on behalf
of the Subscriber : _____ Company Stamp : _____

Name & Title of Signatory : _____ Date : _____

FOR OFFICIAL USE ONLY

Action By (Name, Signature, Date) : _____