

eNETS Service Change Request Form

Please fax to +65 6513 0700 upon form completion

1. Change Request Details

(To be completed by Merchant - Please complete all fields)

Merchant Co. Name* :

eNETS MID No.* :

(All fields marked with * are mandatory)

Changes requested (You may tick more than one box):

- Merchant Contacts
- Main Domain, Redirectionals URL & Notified Email
- Transaction Threshold Limit
- Others

2. Details of Change request

Requestor's Name* :

Request Date :

Requestor's Email* :

Contact Number* :

Name of Authorized Signatory/ies:

Signature of Authorised Signatory

For eNETS Office Use Only

Approver Name & Signature & Date :

Maker Name Signature & Date :

Checker Name Signature & Date :