



eNETS Service Change Request Form

Please email to **info@nets.com.sg** or fax to **+65 62755406** upon form completion.

Change Request Details (To be completed by Merchant – Please complete all fields)			
Merchant Company Name			
eNETS Merchant ID			
Changes requested (You may tick more than 1 box): <input type="checkbox"/> Merchant Contacts ( <i>Pls include Name, Designation, Office &amp; Mobile Number and Email in details</i> ) <input type="radio"/> Main <input type="radio"/> Billing <input type="checkbox"/> Main Domain Redirection URL & Notifications <input type="checkbox"/> Transaction Threshold Limit <input type="checkbox"/> Others _____			
Change request details: _____ _____ _____			
Name of Requestor		Department	
Request Date		Contact No.	
Email Address (*Confirmation will be sent to this email address)			
Authorised Signatory		Company's Stamp	
By submitting this form and signing hereunder, I confirm that the personal data submitted is true and accurate and that I consent to the collection, use, disclosure and sharing of this data by NETS for purposes reasonably required as set out in <a href="#">NETS' Data Protection Policy</a>			

For eNETS Office Use					
Approver	Name:		Signature:		Date:
Remarks:					
Maker	Name:		Signature:		Date:
Remarks:					
Checker	Name:		Signature:		Date:
Remarks:					

Network For Electronic Transfers (Singapore) Pte Ltd