NETS SERVICES CHANGE REQUEST FORM

351 Braddell Road #01-03 Singapore 579713
Tel: 62741212 • Email: info@nets.com.sg • Website: www.nets.com.sg

COMPANY INFORMATION

Company Name: _____

NETS Account No.: _____
(can be found on Invoice, e.g. A1234)

Contact Person: _____

Contact Number: _____ Email Address: _____

CHANGE DETAILS

Service Type: ❑ SGQR Sticker ❑ Terminal

CHANGE OF ADDRESS (Tick if Required)

Type of Address: ❑ Billing Address ❑ Headquarter Address ❑ Outlet Address

New Address: _____

_____

CHANGE OF CONTACT DETAILS

New Contact Number: _____ New Email Address: _____

CHANGE OF RECEIPT HEADING

Effective Date: _____/_____/_____ (DD/MM/YYYY)

Company Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Max 20 characters)

Outlet Location: ☐☐☐☐☐☐☐☐☐☐☐☐☐ (Max 13 characters)

Company Slogan: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Max 20 characters)

CHANGE OF TERMINAL MODEL (Service charges may apply)

Current Terminal Model: _____

New Terminal Model: _____

Terminal ID(s): _____

(can be found on Supervisor Card)

❑ I/We hereby have read and agreed to the prevailing NETS' Terms & Conditions governing Application of NETS Service(s) & Service Provider Agreement and any changes thereof.

By submitting this form and signing hereunder, I confirm that the above information provided is true and accurate and I consent to the collection, use, disclosure and sharing of the personal data by NETS for purposes reasonably required to process my application as set out in NETS' Data Protection Policy.

Name of Authorized Signatory / Designation

Authorized Signatory / Company Stamp

Please ensure all fields are duly completed to avoid delay and email to info@nets.com.sg upon completion.
Upon receipt of the completed form we will take 3 working days for processing.

NETS INTERNAL USE

Processed By: _____ Checked By: _____