

ENETS SERVICE CHANGE REQUEST FORM



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CHANGE REQUEST DETAILS

Merchant Company Name: _____

eNETS Merchant ID: _____

Changes requested: Merchant Contacts (Pls include Name, Designation, Office & Mobile Number and Email in details)
(You may tick more than 1 box) Main

Billing

Main Domain Redirection URL & Notifications

Transaction Threshold Limit

API Key

Existing Key:

New Key:

Others _____

Change request details: _____

REQUESTOR'S DETAILS

Name of Requestor: _____

Department: _____ Request Date: _____

Email Address: _____ Contact Number: _____

(Confirmation will be sent to this email address)

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 [NETS' Data Protection Policy](#).

Authorised Signatory

Company Stamp

Please ensure all fields are duly completed to avoid delay and email to info@nets.com.sg upon completion.

NETS INTERNAL USE

Approver Name: _____

Remarks: _____

Signature / Date

Maker Name: _____

Remarks: _____

Signature / Date

Checker Name: _____

Remarks: _____

Signature / Date