

ENETS ADMIN & REPORTING PORTAL ACCESS FORM



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DETAILS OF SERVICE REQUEST Please select accordingly: New Update Delete

Requestor

Name: _____
Organisation: _____
Department: _____
Contacts: _____
Email: _____

Supporting/Approving Manager

Name: _____
Organisation: _____
Department: _____
Contacts: _____
Email: _____

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](#).

Signature & Date

Signature & Date

Reason for access: Please use a separate sheet to describe purpose of access if the space is insufficient.

Starting date of access: _____ End date of access: _____

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

NETS INTERNAL USE

Name: _____

Department: _____

Recommendation:

Approved Not Approved

Reasons (if not approved):

Signature / Date

Acknowledgement by eNETS Support Team

User Group: _____

Role Name: _____

Assigned User ID: _____

Name of staff who processed this request: _____

Signature / Date