## **ENETS SERVICE CHANGE REQUEST FORM**



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CHANGE REQUEST DETAILS	S Company of the Comp
Merchant Company Name:	
eNETS Merchant ID:	
Changes requested: (You may tick more than 1 box)	<ul><li>☐ Merchant Contacts (Pls include Name, Designation, Office &amp; Mobile Number and Email in details)</li><li>☐ Main</li><li>☐ Billing</li></ul>
	☐ Main Domain Redirection URL & Notifications
	☐ Transaction Threshold Limit API Key
	Existing Key:  New Key:
	□ FTP/SFTP (18 alphanumeric character with no spacing)
	□ 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 <a href="NETS">NETS</a> Data Protection Policy.	
Au	thorised 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:	
	Signature / Date