

NETS SERVICE CHANGE REQUEST FORM

Processed By:

351 Braddell Road #01-03 Singapore 579713

			rei: 62/41212 • Email: info@nets.com.sg • Website: www.nets.com.sg
COMPANY INFORMATION			
Company Name*:			
NETS Account No.:			
Contact Person*:			
Contact Number:		Email Address:	
CHANGE DETAILS			
Service Type:	☐ SGQR Label	☐ Terminal	□ SoftPOS
CHANGE OF ADDRESS			
Type of Address:	☐ Billing Address	☐ Headquarter Address	☐ Outlet Address
New Address:			
CHANGE OF CONTACT DETAILS			
New Contact Number:		New Email Address:	
CHANGE OF SOFTPOS USER DET	TAILS		
Retailer / Terminal ID:		New Email Address:	
CHANGE OF RECEIPT HEADING			
Effective Date:	/	/(D	D/MM/YYYY)
Company Name:	(Max 20 Characters)		
Outlet Location:	(Max 13 Characters)		
Company Slogan:	(Max 20 Characters)		
CHANGE OF TERMINAL MODEL	,		
Current Terminal Model:		New Terminal Model:	
Terminal ID(S):			
AUTHRIZATION			
 "By completing, executing and submitting this form: (a) I/we confirm that the above information provided is complete, true and accurate and submitted to the Relevant NETS Entity in connection with the "Commercial Agreement" (as defined in the NETS Commercial Agreement (for Merchants)) entered into between the Relevant NETS Entity and me/us; (b) I/we acknowledge and agree that the terms of the Commercial Agreement: (i) apply to my/our provision of information, and/or requests, to the Relevant NETS Entity as set out in this form; and (ii) continue to apply to my/our use of all NETS Services and eNETS Services; (c) (i) I/we confirm that I/we are authorised to act on behalf of the Merchant in any dealings with the Relevant NETS Entity; and (ii) the Personal Data submitted is true and accurate and that I/we consent to the collection, use, disclosure and sharing of such Personal Data by the Relevant NETS Entity for purposes required to process my/our application as set out in NETS' Data Protection Policy as available at https://www.nets.com.sg/policies/data-protection. 			
Name of Authorized Signatory*,	/ Designation* / Last 4 Characters of NRIC*	Authori	ize Signatory / Company Stamp
Please ensure all fields are duly completed to avoid delay and email to info@nets.com.sg upon completion. All fields marked with * are mandatory. Upon receipt of the completed form, please allow us 2 working days to contact you.			
FOR NETS USE			

Checked By: