

ENETS ADMIN PORTAL MERCHANT PASSWORD RESET FORM



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REQUESTOR'S DETAILS

Company: _____
Name of Requestor: _____
Designation: _____
eNETS Merchant ID: _____
Login ID: _____
Date: _____
Registered Company Email Address: _____
Contact Number: _____

AUTHORISED SIGNATORY

Name: _____
Date: _____

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

Performed by: _____

Date & Time Performed: _____

Remarks:

Signature