

Letter Of Authorisation

ACCOUNT DETAILS		
Company Name:	Business Registration Number:	Date of LOA Submission:

TYPES OF AUTHORISATION	
AUTHORISATION GROUP 1	<ul style="list-style-type: none"> - Apply for New Relationship / New terminals / New Product & service - Submit Change Request - Change of Letter of Authorization
AUTHORISATION GROUP 2	<ul style="list-style-type: none"> - Existing Merchant applying for New Terminals / New Product & Services - Submit Change Request

AUTHORISED REPRESENTATIVE DETAILS

I / We hereby nominate the below-mentioned person(s) as Authorized Representatives to execute the related activities as stated above (Authentication designation).
 This instruction will supersede all previous nomination instructions given.

No	Full Name*	Designation	ID Number (Last 4 characters)	Email	Contact Number	Authorisation Group (1 / 2)
1.						
2.						
3.						
4.						
5.						
6.						

*Full name to follow NRIC

DECLARATION

- By signing below, I / We hereby:-
- Confirm that NETS will not be liable for any loss and liabilities of whatsoever nature suffered by us in connection with or arising from the confirmations by any of the Authorized Representatives to NETS and/or NETS reliance on such confirmations.
 - Agree to indemnify NETS and at all times keep NETS fully indemnified from and against all actions, cost (including but not limited to all whatsoever legal costs and expenses howsoever incurred), claims, losses and all other expense and liabilities of whatsoever nature which may be made against NETS or incurred or suffered by NETS in connection with or arising from the above confirmations by any of the Authorised Representatives to NETS and/or NETS reliance on such confirmations.
 - Agree that all verbal confirmations made by any of the Authorised Representatives shall be conclusive and binding on us.
 - NETS reserves the right to reject the request without having to furnish any reason of doing so.
 - The Authorised signatory (ies) or approved person(s) shall give NETS not less than (7) business days for this authentication to take effect.

Signature of Authorised Signatory	Signature of Authorised Signatory	Signature of Authorised Signatory
Name:	Name:	Name:
ID (last 4 characters):	ID (last 4 characters):	ID (last 4 characters):
Date:	Date:	Date:

FOR NETS INTERNAL USE ONLY

Attended By		Approved By		Maker		Checker	
Name:		Name:		Name:		Name:	
Date:		Date:		Date:		Date:	
Signature:		Signature:		Signature:		Signature:	