



**REGISTRATION FORM FOR E-SERVICES
- PRE-SALES CAPACITY CHECK**

We represent that all information provided in this form is true and correct. We will give StarHub one months' notice of any changes to the appointed employees. We agree to keep confidential all logins and passwords and other security information issued to us for the use of the StarHub E-services.

BUSINESS CUSTOMER INFORMATION			
Business Registration No.		Name of Firm/Company as in RCB	
Registered Address as in RCB		Country	Postal Code
Mailing Address (if different from Registered Address)		Country	Postal Code
Please indicate if you have a FBO/SBO license		Main Office Contact No.	Main Office Fax No.
Industry Type	Annual telecom spend	Company Website	
Signed by an Authorised Representative, for and on behalf of Firm/Company named			
Signature		Company Stamp	Date
Full Name as in NRIC/PASSPORT/FIN. Please underline surname. (Dr/Mr/Miss/Mrs/Mdm*)			
Designation			
Contact No (DID)		Mobile	
Designated user e-mail address			
Your Choice of User ID (3 Choices)	1.	2.	3.
Are you the Main Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Appointed employees to order circuits on Our Company's Behalf* (Details Below)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Others, please specify _____	
*NAME OF APPOINTED EMPLOYEE			
Full Name as in NRIC/PASSPORT/FIN. Please underline surname. (Dr/Mr/Miss/Mrs/Mdm*)			
Contact No (DID)		Mobile	
Designated user e-mail address			
Choice of User ID (3 Choices)	1.	2.	3.
*NAME OF APPOINTED EMPLOYEE			
Full Name as in NRIC/PASSPORT/FIN. Please underline surname. (Dr/Mr/Miss/Mrs/Mdm*)			
Contact No (DID)		Mobile	
Designated user e-mail address:			



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Choice of User ID (3 Choices):	1.	2.	3.
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FOR STARHUB INTERNAL USE	
Recommended by:	Account Manager E-mail Address:
Signature of Account Manager	Sales Segment:
Name	Date:
Please state reasons why customer requires access:	
Supported by:	Name
Signature of Sales Segment HOD	Date: DD/MM/YY
Endorsed by:	Approved by:
Signature of AVP, NW External Works	Signature of System Owner VP, Wholesale & International Services
Name:	Name:
Date:	Date:
After approval, please return to E-services Administrator at N-wholesale (65) 6821 7012 Customer Registered and password issued <input type="checkbox"/> Yes	