

## eNETS Service Change Request Form

Please fax to +65 6275 5406 upon form completion

### 1. Change Request Details

(To be completed by Merchant - Please complete all fields)

Merchant Co. Name\* :

eNETS MID No.\* :

(All fields marked with \* are mandatory)

#### Changes requested (You may tick more than one box):

- Merchant Contacts
- Main Domain, Redirectionals URL & Notifications
- Transaction Threshold Limit
- Others

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### 2. Details of Change request

Requestor's Name\* :

Request Date :

Requestor's Email\* : (\*Confirmation will be sent to this email address)

Contact Number\* :

Name of Authorized Signatory/ies:

Signature of Authorised Signatory

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#### For eNETS Office Use Only

Approver Name & Signature & Date :

Maker Name Signature & Date :

Checker Name Signature & Date :