



CHANGE OF COMPANY CONTACT INFORMATION REQUEST FORM

(Please email salesops@globaletrade.services or fax to 68877429, attention to Sales Operations)

SECTION 1 : INFORMATION ON COMPANY AND REQUESTOR PERSONNEL

Company Name : _____ Account Id :
Requestor's Name : _____ Contact No. : _____
Email Address : _____ Fax No. : _____

SECTION 2 : INFORMATION TO BE UPDATED

Please tick (✓) the box and complete the particulars to be updated :

<input type="checkbox"/>	Company Correspondence Address New Address : _____ _____ _____ Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	Contact/Fax Number New Contact No.: _____ New Fax No. : _____
<input type="checkbox"/>	Contact Person <u>Current Contact Person</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____		<u>New Contact Person</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____
<input type="checkbox"/>	Decision Maker <u>Current Decision Maker</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____		<u>New Decision Maker</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____
<input type="checkbox"/>	Billing Administrator <u>Current Billing Administrator</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____		<u>New Billing Administrator</u> Salutation: (Dr/Mr/Ms/Mdm) _____ Name : _____ (Please underline surname) Designation : _____ Contact No. _____ Fax No: _____ Email Address: _____

SECTION 3 : AUTHORISATION

I certify that all the above information given are correct and true :

Signed for and on behalf
of the Subscriber : _____ Company Stamp : _____
Name & Title of Signatory : _____ Date : _____

SECTION 5 : FOR OFFICIAL USE ONLY

Action By (Name, Signature, Date) : _____