

**Information Update Form**

**CONFIDENTIAL**

When you fill in information in this form, we will treat it as a confidential document.

Customer Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Telephone No. (Office/Mobile): \_\_\_\_\_ / \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**<A> Services Type: (Please check the appropriate box )**

- Connectivity Services:  Dial Up  Broadband  Leased Line  SecureNet  
 vIP-Net  Roaming Service  VirusWall/SpamWall  Inter-DC Connectivity Service
- Co-location Services:  Tai Po Data Centre  Kwai Chung Data Centre  BRC  Shanghai Nanhui Data Centre
- Hosting Services:  TeamWorks  TeamWorks Lite  TeamWorks(Shanghai)  TeamWorks Lite (Shanghai)  
 SecureVault  SecureFence  vIP-FileTransfer  Dedicated Server Hosting(DSH)  
 Shared Web Hosting  MeetingPlaza  Hosted Storage  Hosted SecureVault Appliance  
 Hosted SharePoint  Enterprise Backup Service  Virtual Server Hosting(VSH)  
 Virtual Desktop(VD)  Virtual Infrastructure Hosting(VIH)  Global Virtualization Service
- Managed Services:  Managed Service  ITMS AFM  Dedicated Router  Dedicated Load Balancer  
 Dedicated UTM  Dedicated WPA  Dedicated Switch  Dedicated Firewall
- Security Services:  SSL VPN Gateway  MagicConnect
- ICT Solution:  vIPSec HK Gateway  vIP Hosting  Internet Security Gateway  Global TeleConference
- CDN Services:  SCD  ChinaCDN
- Global NW Services:  Arcstar  IPBB
- Arcstar MI option:  Managed Service  Dedicated WPA  AFM
- Others: Please specified: \_\_\_\_\_

**<B> Information Update (Please fill in the required update item):**

Customer Name:	(English)			
	(Chinese)		Customer ID:	(Internal use only)
Register Address:				
Installation Address (if different):				
Billing Address (if different):				
Nature of Business:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial (Direct) <input type="checkbox"/> Commercial (Channel) <input type="checkbox"/> Corporate <input type="checkbox"/> Japanese			
Prime Contact: (Chief)	Title:		Email:	
Phone (Office):	Mobile/Pager:		Fax:	
Billing Contact: (Adm. 1)	Title:		Email:	
Phone (Office):	Mobile/Pager:		Fax:	
Technical Contact: (Adm. 2)	Title:		Email:	
Phone (Office):	Mobile/Pager:		Fax:	
Invoice by Email	<input type="checkbox"/> Yes. (Only applied to HKNet order in HKD excluding Chinese Domain Name Service) Email Address: _____ For one email address only <input type="checkbox"/> No			

**<C> Effective Date :**  On \_\_\_\_/DD \_\_\_\_/MM \_\_\_\_/YY (please allow 3 working days for processing)

Customer Authorized Signature with Company Chop \_\_\_\_\_ Date \_\_\_\_\_

If you have any enquires, please feel free to contact your account manager. **Please fax to 2110 0087.**

**Internal Use Only**

Handled By: \_\_\_\_\_ Date: \_\_\_\_\_

- eSuite  Customer Portal  CDS  AS400  EMS  Peoplesoft