

## 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 ( $\sqrt{\ }$ ) the box and complete the particulars to be updated :					
Com	pany Corre	espondence Address	Cont	act/Fax Number	
New Address :			New 0	New Contact No.:	
			New F	-ax No. :	
Posta	al Code:				
Contact Person					
Curre	ent Contact	<u>Person</u>	New Contact P	<u>Person</u>	
Salut	tation:	(Dr/Mr/Ms/Mdm)	Salutation:	(Dr/Mr/Ms/Mdm)	
Nam	ie:		Name :		
		(Please underline surname)		(Please underline surname)	
	gnation :		Designation :		
	tact No.		Contact No.		
Fax N			Fax No:		
Emai	il Address:		Email Address:		
Decision Maker					
Curre	ent Decision	<u>Maker</u>	New Decision N	<u>Maker</u>	
Salut	tation:	(Dr/Mr/Ms/Mdm)	Salutation:	(Dr/Mr/Ms/Mdm)	
Nam	ie:		Name:		
		(Please underline surname)		(Please underline surname)	
	gnation :		Designation :		
	tact No.		Contact No.		
Fax N			Fax No:		
Emai	il Address:		Email Address:		
Billing Administrator					
·	ent Billing Ad		New Billing Adı	<u> </u>	
Salut Nam	tation:	(Dr/Mr/Ms/Mdm)	Salutation: Name :	(Dr/Mr/Ms/Mdm)	
Nami	ie .	(Please underline surname)	Name .	(Please underline surname)	
Desig	gnation :	( reads and smile same, may	Designation:	(1.10000 01.1001.1110)	
	tact No.		Contact No.		
Fax N			Fax No:		
Emai	il Address:		Email Address:	:	
SECTION 3: AUTHORISATION					
I certify that a	all the above	e information given are correct and true	:		
Signed for an	d on behalf				
Cille College ilea		:	Company Stamp :		
Name & Title of Signatory:			Date :		
SECTION 4: FOR OFFICIAL USE ONLY					
Action By (Na	me, Signatı	ure, Date) :			