## **APPLICATION FORM FOR GETS SERVICES**





SECTION 1: INFORMATION ON COMPANY AND AUTHORISED PERSON	NNEL
Existing GeTS Subscriber  Please provide your existing Account ID. (account ID is the first 4 characters of your exisiting Login ID)	New Subscriber
Company Name :	
Company Address :	
	Postal Code:
Country :	City :
State/ Province /Region:	Main Fax :
Main Phone :	Industry :
Business Regn No. (UEN):	
<u>Contact Person *</u> Use existing (This individual will serve as the point of contact for GeTS).	<u>Decision Maker *</u> (This individual is the authorised personnel who will agree to the terms and conditions set forth)
Salutation : Dr/ Mr/ Ms/ Mdm	Salutation : Dr/ Mr/ Ms/ Mdm
Name :	Name :
(Please underline surname)	(Please underline surname)
Designation :	Designation :
Contact No. :	Contact No. :
Fax No. :	Fax No. :
Email Address :	Email Address :
Billing Administrator * Use existing	
A Billing Administrator will be given the access to GeTS Network Billing Syst personnel, will be able to view usage and payment incurred by all Gene	
Name :	Contact No. :
Email Address :	Designation :
* Mandatory sections to be completed	
SECTION 2: MODE OF PAYMENT	
Please indicate with '<' (where applicable) and complete the following:	
Existing CrimsonLogic / GeTS Subscriber	
Telegraphic Transfer (Please see ANNEX C for TT Bank details)	
Credit Card	
GIRO (Please complete the GIRO Application form, ANNEX B)	
All monthly invoices can be downloaded from GeTS' online Network Rillin	a System TIRL: https://myaccount.crimsonlogic.com. GeTS may impose

All monthly invoices can be downloaded from GeTS' online Network Billing System. URL: <a href="https://myaccount.crimsonlogic.com">https://myaccount.crimsonlogic.com</a> GeTS may impose late payment interest in accordance with its General Terms & Conditions.

SECTION 3: SERVICES TO BE SUBSCRIBED BY THE COMPANY AS A V	VHOLE
BCTS - Brokerage Control Tower Service	
CALISTA	
eCO Preparation	
JAPAN AFR Please provide: Reporter ID:	
OTB - Open Trade Blockchain	
PRR - Permit Reconciliation Report	
☐ TradeWeb <sup>TM</sup> Live! ☐ Basic Package ☐ Pro Po	ackage
Inddeweb Live:	zokugo
TradeWeb <sup>TM</sup> Integrator (links under in-house system to NTP)	
Trade Permit Preparation	
CALISTA Regulatory Filing  SG API	
Others	
HCP - Holding Certificates Platform	
"	se specify)
SECTION 4: USER(S) INFORMATION	
No. of User ID(s):	
Please complete the User Information below. User 1	User 2
Name	Name
Designation :	Designation :
Phone :	Phone :
E-mail :	E-mail :
User 3	User 4
Name :	Name :
Designation :	Designation :
Phone :	Phone :
E-mail :	E-mail :
SECTION 5 : GETS ACCOUNT PERSON INFORMATION	
GeTS Account Team - Email: salesops@globaletrade.services	Tel: 68877333
Person in charge Name:	
CECTION / AUTHORISATION	
SECTION 6 : AUTHORISATION	
By signing below, you acknowledge and garee that	
<ul><li>(i) you have full legal power to bind the Subscriber;</li><li>(ii) you are authorised to enter into this contract on behalf of th</li></ul>	e Subscriber:
(iii) all information provided is correct and true;	5 00000110017
(iv) you agree to subscribe for the modules and services selecte	
<ul> <li>(v) you have read and agree that the Subscriber (and all of the Conditions as may be amended from time to time. The GeT</li> </ul>	e Subscriber's users) be bound by GeTS Services General Terms and S Services General Terms and Conditions may be accessible
at <a href="https://globaletrade.services/services-tc">https://globaletrade.services/services-tc</a> and GeTS services	
(vi) If you are not the authorised person, please do not proceed	•
Signed for and on behalf of the Subscriber :	Date :
Email:	
Name of Additional Property	The control of the co
Name of Authorized Person :	
SECTION 7: FOR GeTS OFFICIAL USE (SalesOps)	
Account ID: User I	

APPLICATION FOR INTERBANK GIRO
PLEASE MAIL OR COURIER THIS FORM TO CRIMSONLOGIC PTE LTD
(BEING BILLING AGENT OF GETS ASIA PTE LTD (ATTN: SALES OPERATION DEPT) FAX SUBMISSION WILL NOT BE ACCEPTED

PART 1 : FOR APPLICANT'S COMPLETION Date :	Name of Billing Organisation ("BO"): CrimsonLogic Pte Ltd
To: Name & Address Of Finanical Institution	Billing Organisation's Customer's Name :
Branch:	To be completed by Crimsonlogic Billing Organisation's Customer Ref No.
<ul> <li>(a) I/We hereby instruct you to process the BO's instruction to debit my/our account (b) You are entitled to reject the BO's debit instruction if my/our account does no charge me/us a fee for changes accordingly.</li> <li>(c) This authorisation will remain in force until terminated by your written notice se last known to you or upon receipt of my/our written revocation through the B</li> </ul>	t have sufficient funds and ent to my/our address
My/Our Account Name (s):	My/Our Contact (Tel/Fax) Number (s) :
My/Our Account Number :	My/Our Company Stamp/Signature(s)/Thumbprint(s)*:
	(As in Bank's record)
PART 2 : FOR BILLING ORGANISATION'S COMPLLETION	(As in Bank's record)
Bank Branch Billing Organization's Number	(As in Bank's record)  Billing Organisation's Customer Ref No.
Bank Branch Billing Organization's Number	
Bank         Branch         Billing Organization's Number           7         1         7         1         0         1         2         0         1         2         0         5         4         6         8         8	
Bank Branch Billing Organization's Number  7 1 7 1 0 1 2 0 1 2 0 0 5 4 6 8 8  Bank Branch Account No. To Be Debited	
Bank         Branch         Billing Organization's Number           7         1         7         1         0         1         2         0         1         2         0         0         5         4         6         8         8           Bank         Branch         Account No. To Be Debited           PART 3: FOR BANK'S COMPLETION	
Bank         Branch         Billing Organization's Number           7         1         7         1         0         1         2         0         1         2         0         5         4         6         8         8           Bank         Branch         Account No. To Be Debited           PART 3: FOR BANK'S COMPLETION           To: Billing Organisation	
Bank Branch Billing Organization's Number  7 1 7 1 0 1 2 0 1 2 0 0 5 4 6 8 8  Bank Branch Account No. To Be Debited  PART 3: FOR BANK'S COMPLETION  To: Billing Organisation  This Application is hereby REJECTED (please tick) for the following reason(s):  Signature/Thumbprint# differs from Finanical Institution's records Signature/Thumbprint# incomplete/unclear#	Billing Organisation's Customer Ref No.  Wrong account number Amendments not countersigned by customer

## CrimsonLogic Pte Ltd

31 Science Park Road, The Crimson, Singapore 117611. Main [65] 6887 7888, Fax: [65] 6778 5277, http://globaletrade.services (Regn No: 198800784N)