

# eOrder Registration Form

Ref No: \_\_\_\_\_



Please complete online, submit, print/sign/company stamp and send the **hard copy** by mail/hand for processing to **eServices Administrator, Wholesale, StarHub Ltd, 3 Tai Seng Drive, #06-00 DaVinci Building, Singapore 535216.** Your login ID will be sent via email upon acceptance of your application.

- In signing up for this service, I accept StarHub’s Website Terms & Conditions found at [www.starhub.com](http://www.starhub.com).
- I will be responsible for the management of my assigned login and that of my appointed employee/s.
- I, on behalf of Your Company's Registered Name will be responsible to for all orders ordered by my appointed employee/s.
- I will give StarHub one (1) month notice of any changes to my appointed employee/s and will notify the StarHub eServices Administrator at [eServices@starhub.com](mailto:eServices@starhub.com) should these employees be no longer be authorized.
- I agree that during the one-month notice, my Company will continue to be liable for all orders being provisioned during this period.

## COMPANY DETAILS

Type of Registration Form:	New Customer
Company BRN:	Your Business Registration Number
Company Name:	Your Company's Registered Name
Main Phone Number:	(Country Code-Area Code-Phone No.)
Main Fax Number:	(Country Code-Area Code-Phone No.)
Please indicate your industry type:	<input type="checkbox"/> Banking & Finance      {Please Select} <input type="checkbox"/> IT & Hospitality      {Please Select} <input type="checkbox"/> Manufacturing      {Please Select} <input type="checkbox"/> Japanese Organization <input type="checkbox"/> Government      {Please Select} <input checked="" type="checkbox"/> Others      Wholesale
Type of Licence (for Wholesale Customer Only)	{Please select}
Please indicate your projected annual telecom spend	

## Registered Address (as per your ROC)

Block/House No:	City:
Street Name:	State:
Floor – Unit No:	Country:
Building Name:	Postal Code:

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Ref No: \_\_\_\_\_



**Billing Address:** (if different from your Registered Address)

Block/House No:	City:
Street Name:	State:
Floor – Unit No:	Country:
Building Name:	Postal Code:

**Mailing Address:** (if different from your Registered Address)

Block/House No:	City:
Street Name:	State:
Floor – Unit No:	Country:
Building Name:	Postal Code:

**CONTACT PERSON DETAILS – AUTHORISED PERSON** (as per your ROC)

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: { Please select }	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{ Please Select }

**CUSTOMER SIGNATURE**

WE HAVE READ AND ACCEPTED STARHUB'S TERMS AND CONDITIONS FOR INFO-COMMUNICATIONS SERVICES AND HAVE PROVIDED FULL AND ACCURATE INFORMATION TO STARHUB

Signature of Authorised Officer:	Company Stamp
Date:	

**APPOINTED EMPLOYEE 1**

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: { Please select }	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{ Please Select }

# eOrder Registration Form

Ref No: \_\_\_\_\_



## APPOINTED EMPLOYEE 2

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: {Please select}	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{Please Select}

## APPOINTED EMPLOYEE 3

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: {Please select}	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{Please Select}

## APPOINTED EMPLOYEE 4

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: {Please select}	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{Please Select}

## APPOINTED EMPLOYEE 5

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: {Please select}	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{Please Select}

# eOrder Registration Form

Ref No: \_\_\_\_\_



## APPOINTED EMPLOYEE 6

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: {Please select}	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{Please Select}

## APPOINTED EMPLOYEE 7

Main Contact: <input type="checkbox"/> Existing Contact Person: <input type="checkbox"/>	Authorised to Order on Behalf of Company : <input type="checkbox"/>
Title: {Please select}	DID: (Country Code-Area Code-Phone No.)
First Name:	Fax: (Country Code-Area Code-Phone No.)
Last Name:	Mobile: (Country Code-Area Code-Phone No.)
Designation:	Email:
Contact Address:	{Please Select}

## FOR STARHUB USE

Recommended by:	Name:
	Sales Segment:
Signature of Account Manager	Date:
Supported by:	Name:
	Date:
Signature of Sales Segment HOD	

*After approval, please return to eServices Administrator, RM approval required if customer is new*

Customer Registered by:	Completion Date:
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