

eServices Registration Update/Changes

Ref No: _____ refers



Please complete and email to the eServices Administrator at eServices@starhub.com

Please update the records for

Company BRN:	Your Business Registration Number
Company Name:	Your Company's Registered Name
Submitted by:	
Date:	

COMPANY DETAILS	<input type="checkbox"/> Update
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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.)
Type of Licence (for Wholesale Customer Only)	{Please select}

Registered Address (as per your ROC)	<input type="checkbox"/> Update
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Block/House No:	City:
Street Name:	State:
Floor – Unit No:	Country:
Building Name:	Postal Code:

Billing Address:	<input type="checkbox"/> Update
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Block/House No:	City:
Street Name:	State:
Floor – Unit No:	Country:
Building Name:	Postal Code:

Mailing Address:	<input type="checkbox"/> Update
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Block/House No:	City:
Street Name:	State:
Floor – Unit No:	Country:
Building Name:	Postal Code:

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