

Relocation Order Form

1. Customer's Details				
Company Name:		Business Registration No.:		
Company Address:		Postal Code:		
Contact Person:				
Tel Number:		Mobile Number:		
Email:				
2. Billing Information				
Billing Address:		Postal Code:		
Billing Contact Person:				
Mobile Number:		Fax:		
Email:				
		Existing Installation Address	New Installation Address	
Country:				
Address:				
Floor / Room No.:				
Rack No.(If any):				
Postal Code:				
Product / Service Type:				
<input type="checkbox"/> IEPL	<input type="checkbox"/> DCI	<input type="checkbox"/> Cross Connect in DC	<input type="checkbox"/> Broadband	<input type="checkbox"/> DIA
<input type="checkbox"/> IP Transit	<input type="checkbox"/> SD-WAN	<input type="checkbox"/> SaaS Optimization	<input type="checkbox"/> MPLS VPN	<input type="checkbox"/> Other
If "Other" is selected, please specify:				
Requested Service Date (DD/MM/YYYY):				
On-site Contact Information - For Service Provisioning and Activation				
Check here if same as <input type="checkbox"/> Business Contact Person				
Name:		Mobile Number:		
Email:				
Technical Contact Information:				
Check here if same as <input type="checkbox"/> Business Contact Person or <input type="checkbox"/> On-site Contact Person				
Name:		Mobile Number:		
Email:				
Maintenance Contact Information - For Scheduled Maintenance Notifications				
Check here if same as <input type="checkbox"/> Business Contact Person or <input type="checkbox"/> On-site Contact Person or <input type="checkbox"/> Technical Contact Person				
Name:		Mobile Number:		
Email:				

4. Service Details & Charges			
Account Manager:			
Mobile Number:		Email:	
Existing CRM Reference No.			
Existing Service Case ID (if applicable):		Existing Circuit Reference Number (if applicable):	
Billing Currency:			
Additional Comments:			
*Pricing excluded cross connect charges at the respective Data Centre.			
Service Charges:			
Item	Service Description	Qty	One Time Charges (OTC)
(VAT / Sales tax):			
Total:			

Remarks

1. Time referred to herein is GMT+8
2. Office hours: Monday to Friday from 9:00am to 6:00pm (GMT+8)
3. Non-office hours: Monday to Friday from 6:00pm to 9:00am on the following business day (GMT+8), and all day on Saturday, Sunday and Public holidays.
4. For orders that contain all required information and are free of errors, GOIP team will try to process within 2-3 working days after GOIP's confirmation of receipt.
5. Letter of Authority (LOA) from the rack owner of B End must come with this order form, if applicable.
6. Local contact should be provided for all customer sites.
7. Upon signing of this order, Customer is deemed to agree on the Terms and Conditions and Service Level Agreement for the respective Service(s). Please refer to this [link](#) for the Terms and Conditions and this [link](#) for the Service Level Agreements.

We, the party signing below, hereby acknowledge that we have read and fully understand the General Terms & Conditions listed and agree to adhere to them once GOIP accepted this order. We confirm that the information given herein by us is true and correct.

Customer Signatory Details

Name:

Title/Position:

Date:

Authorised Signature & Company Stamp

GOIP Signatory Details

Name:

Title/Position:

Date:

Authorised Signature & Company Stamp