

Shinetown Telecom - Change of Information Form



Account Number :

Account Name :

Type of Service :

Change of Particulars

Change of Account Name

Change of Billing Address

Change of Payment Mode Credit Card GIRO Cheque

Cardholder's Name :

Card No : - - - CVV Code :

Expiry Date : / (M M / Y Y)

Change of Login Password

Others (If Any)

Change of Number(s) and User(s) Information

Activation of Number(s) De-activation of Number(s)

1) 3) 1) 3)

2) 4) 2) 4)

Change of User and Password

Username :	Old Password	New Password
1) <input type="text"/>	<input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>	<input type="text"/>
4) <input type="text"/>	<input type="text"/>	<input type="text"/>

Termination of Service And Reasons For Termination:

Update of Information

Please update the above information with effect from : / / (D D / M M / Y Y)

Please sign and acknowledge the changes to the information above and email it to 1526@shinetown.com.sg or fax it to us at 6887 4556 for processing.

If you need any clarification, please contact us at 6838 1526.

I / We confirm that the above information provided to Shinetown Telecom (S) Pte Ltd is accurate.

By submitting your personal data, you are deemed to accept our Personal Data Policy. For more information, please refer to www.shinetown.com.sg/pdpa.

Authorised Signature and Company Stamp

Date

Official Use Only

Updated / Amended By :

Date Updated / Amended : / / (D D / M M / Y Y)

CHK CCMC SH2

WBS EXC INF