**CHANGE OF COMPANY / ACCOUNT INFORMATION FORM**

1. **Please type in the required information (Do not hand-write).**
2. **Print as PDF and email the signed form to** **customeradmin@crimsonlogic.com.sg**

***\*Mandatory Fields***

|  |
| --- |
| **SECTION 1: INFORMATION ON COMPANY AND REQUESTOR PERSONNEL**  |

|  |  |  |  |
| --- | --- | --- | --- |
| UEN (Unique Entity Number) \* |       | Account ID\* |       |
| Company Name\* |       |
| Requestor's Name\* |       | Contact Number\* |       |
| Email Address\* |       |

|  |
| --- |
| **SECTION 2: INFORMATION TO BE UPDATED**  |

|  |  |
| --- | --- |
| Company Name |       |
| Company Address |       |

|  |  |  |
| --- | --- | --- |
| **Particulars/Role** | **Contact Person** | **Billing Contact#*****(to receive billing notification email)*** |
| Name*(Please underline surname)* |       |       |
| Contact number |       |       |
| Designation |       |       |
| Email Address |       |       |

*#General Finance or Account Department email address*

|  |
| --- |
| **SECTION 3: AUTHORISATION** |

I certify that all the above information given are correct and true:

*(To be signed by Manager and above.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name\* |       | Company Stamp\* |  |
| Designation\* |       |
| Signature\* |  | Date\* (dd/mm/yyyy) |       |

|  |
| --- |
| **SECTION 4: FOR OFFICIAL USE ONLY** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Action By (Name, Signature, Date):NBS Billing Medium (WEB or EMAIL): |   |   |   |   |   |   |   |   |   |   |   |

*changeofcoinfo Rel3 - December, 2023*