

Customer's Contact Modification Form

This form is used for modifying existing customer's contact information. Customer Information: **Company Name:** GID #: Contact Change Request Details: *Please follow below sample to fill in the fields. Phone **Site ID/Site Address Contact Type** Action Service Name Email Contact (Preference To Mobile) Sample sample@sample.com 1234567890GuZ / 302 DS Bulding, Z.D Road, Guangzhou Primary Contact Add TrueCONNECT 852 91234567 Sample Fault * Upon receipt of this form, the update request will be active in next working day (Monday-Friday 09:00 to 17:00) Customer Declaration Accepted and confirmed by (Authorized Signature & Company Chop) Name Date