

CONFIDENTIAL

All information on this form will be treated as confidential



Authorized Contact List



Please complete and submit this form by email at auth-access@ntt.com.hk. NTT Com Asia will complete the processing and acknowledge you in 48hrs via email. If you have any inquiry, please contact your Account Manager.

Company Name*		Password*	
Authorized Contact*			

SERVICE APPLIED

- Hosting Services:
- | | | |
|---|--|---|
| <input type="checkbox"/> Hosted Storage | <input type="checkbox"/> Enterprise Backup Service | <input type="checkbox"/> NTT Com Enterprise Cloud |
| <input type="checkbox"/> Virtual Desktop | <input type="checkbox"/> Virtual Server Hosting | <input type="checkbox"/> Virtual Infrastructure Hosting |
| <input type="checkbox"/> Cloud DR | <input type="checkbox"/> Cloud Servers | <input type="checkbox"/> Microsoft Office365 |
| <input type="checkbox"/> Microsoft Azure | <input type="checkbox"/> Dedicated Server Hosting | <input type="checkbox"/> Dedicated Load Balancer |
| <input type="checkbox"/> Dedicated UTM | <input type="checkbox"/> Dedicated Router | <input type="checkbox"/> Dedicated Switch |
| <input type="checkbox"/> Dedicated Firewall | <input type="checkbox"/> Dedicated WPA | <input type="checkbox"/> Dedicated Custom |
| <input type="checkbox"/> SSL VPN Gateway | | |
- Managed Services: Managed Service ITMS AFM
- Security Services: WideAngle MSS

<A> Authorized Contact List Please check the appropriate box

Name 1*		Action Type*	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Password*		Title	
Telephone		Mobile ¹	
Email*		Fax	
Name 2*		Action Type*	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Password*		Title	
Telephone		Mobile ¹	
Email*		Fax	
Name 3*		Action Type*	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Password*		Title	
Telephone		Mobile ¹	
Email*		Fax	

- Note: 1. Mobile No. will be used for SMS alert if applicable. 2. * Compulsory fields
3. All Authorized Contacts could add, change or delete name records in Authorized Contact List
4. Company will only liaise with the above contacts in providing customer service support in relation to the Services.
5. The above contacts should provide password when they are seeking customer service support from Company.

** Remark**

The above information collected will be used for the purpose of authenticating identity and for internal use only. Customer's Authorized Signature with Company Chop is required for first time registration of Authorized Contact List or subsequent update without providing valid password of existing Authorized Contact.

I hereby confirm that I and each of the above named representative(s) in the Authorized Contact List have read and agreed to comply with Company's relevant, Special Conditions and General Terms and Conditions.

Authorized Signature with Company Chop
Name:
Title:

Date

Internal Use Only

Account Manager: _____	Update Completed By: _____
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