

ADDITIONAL ID / ADDITIONAL ACCESS REQUEST FORM

Please email the request to info@bizinsights.net

SECTION 1 : INFORMATION ON COMPANY AND REQUESTOR PERSONNEL

Company Name : _____ Account ID : _____
Requestor's Name : _____ Contact No. : _____
Email Address : _____ Fax No. : _____

SECTION 2: ADDITIONAL ID REQUEST

Number of Additional User ID(s) required : _____

Please complete the additional user information below and indicate the service subscribed to and role.

Additional User ID 1: _____	Additional User ID 2: _____
Name : _____	Name : _____
Designation : _____	Designation : _____
Phone : _____	Phone : _____
E-mail : _____	E-mail : _____

SECTION 3 : AUTHORISATION

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

Signed for and on behalf of the Subscriber : _____	Company Stamp : _____
Name & Title of Signatory : _____	Date : _____

SECTION 4 : FOR OFFICIAL USE ONLY

Action By : _____	Account ID : _____
_____	User ID : _____
(Name / Signature / Date)	