## **Request for StarHub Services - Site Consultation**

( Min fee of \$60 for half day, and \$100 for full day, at per site basic) Attn: Outside Plant



67 Ubi Avenue 1, #05-01 StarHub Green Singapore 408942

Tel: 6825 6100, Fax 67	721 7000				
Case ref no: Date		Date Received:		GST NO: 19-9802208-C	
1 TCDW 's					
Particulars	(Nome in Full)				
	(Name in Full) NRIC:				
	Contact No:		Pager/Mobile No:		-
	Fax No:		Designation:		=
	Company's Name :	-			=
	Company's Address :	-			=
	ROC Registration No :				<del>-</del> -
2 Location / Descripti	on of work (Please attach a cl	lear site plan	<u> </u>		
2 Zoodiioii / Boooiipii	on or work (r loado alladir a ol	our one plant	,		
					_
					_
3 a) Meeting Schedule		b) Me	eting Venue:		_
O930 / 1000		c) Co	c) Contact Person/ Name:		
☐ 1400 / 1	430	d) Mo	bile / Pager:		
					_
4 Duration					
☐ Half Day	y <b>(\$60.00)</b>				
☐ Full Day	(\$100.00); In this case, site se	ervice starts at	9.30am		
4 Payment by compar Bank / Cheque No:					
Acknowledgement					
We understand that any payments submreason whatsoever.     We further acknowle to carry out the work.     We are fully liable for	itted to StarHub will be forfeited dge that StarHub's provision of s with care and in accordance v	ake any chang if we cancel c such services with all relevar nay suffer as a	ges to the arrangement or fail to attend at the a does not in any way ru tal taws, rules and regul to result of any damage	ts set out herein and acknowledge appointed time for the site survey for educe or replace any of our obliga	or any
Name / Signature		Compan	y's Stamp	Date	
Offical Use (On ac	tual day of service)				
Date of site supervision	n:		Witnessed By:		_
Start Time:			Contractor's Name:		=
End Time:			NRIC No:		_
Name of staff:			Signature:		=
Signature:			Date:		_
Remark:					