

**Portnet.com User Login ID Service Request Form**

Thank you for using Portnet.com products. For faster response time, please use the online User Administration in Portnet instead of this form. Log on Portnet, go to Support → Security → User Administration → User Information Administration.

Complete this form in **BLOCK LETTERS** and fax it to:

- (65) 6321 1006 for normal and urgent request during office hours .
- (65) 6321 1930 for urgent request after office hours.

NORMAL Request - \$10 per ID.     URGENT Request - \$20 per ID.  
This will be charged to your Portnet Account.

**Please select the product:**

PORTNET®     EZShip®     CargoD2D     TRAVIS     ALLIES     IMOS

**Please select the service:**

<input type="checkbox"/> Request for <b>New Portnet EDI ID</b>				
<input type="checkbox"/> Request for <b>New Portnet Login ID and Email ID.</b>				
Name	NRIC/ Permit No.	Mobile No.#	Email Address#	Existing Portnet Login ID (if any)

<input type="checkbox"/> Request to <b>RE-ACTIVATE</b> Portnet <b>Login ID, EDI ID</b> or to <b>DELETE</b> existing ID						
Login ID	NRIC/ Permit No.	Mobile No.#	Email Address#	Re-Activate		Delete existing ID
				With New Password	Without New Password	

**All requests must be authorised by the company's DSA. The DSA should not request to reactivate his/her own ID.**

**As the Portnet Data Security Administrator ("DSA"), I agree to be the main contact person for my company on all Portnet matters, responsible for creation, deletion, activation and management of all Portnet user IDs, passwords and user roles for my company and deemed to act on behalf of my company. As part of such responsibilities I shall ensure that user IDs of staff who have left the company or who no longer need to use Portnet are removed from Portnet. I agree and acknowledge that Portnet.com Pte Ltd will not be responsible for any act or omission of mine, or of any Portnet user.**

Name of Data Security Administrator (DSA) of the company :	NRIC No:	Designation:	Signature:	Date:
Company Name	Email Address:	Company Stamp:		
Telephone / Fax No.:	Mobile No. :			

**# Please ensure that the user's mobile number and user's email address are correctly filled in as the password will be sent to the user's mobile and the user ID to his/her email address. If the mobile number or email address of the user is not entered, the username & password will be sent via the normal hardcopy mailer which will take 3-5 working days. The User's mobile must not be the same as DSA's mobile, if not the hardcopy mailer will apply.**

For Official Use Only:        
ORG CODE:

	Received By:	Approved by	Faxed to / by:	Date IDs Received:
Name:				
Signature & Date:				