

## BBS Change of Service IP Address Requisition Form

Account No.: \_\_\_\_\_

For existing HGC business broadband customer only. Please complete the form in English and send it by fax with your valid Business Registration to 1221. Kindly send the original by mail to the address above.

Company Name: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Changes Request Date: \_\_\_\_\_ (D/M/Y) Circuit No.: \_\_\_\_\_

\*IP addresses will be effective in 14 working days upon approval of the requisition. HGC reserves the right on the final decision for approval. Please resend if no confirmation is received.

Please select your choice with "X".

<input type="checkbox"/> *Additional IP Address Monthly Administration Fee: <input type="checkbox"/> HK\$ 800 a block of 8 [IP03] <input type="checkbox"/> HK\$1,600 a block of 16 [IP04]
<b>Note: The existing IP address range may change because of the addition. (Please amend DNS record, if any)</b>
<input type="checkbox"/> Change IP Address One Time Administration Fee: <input type="checkbox"/> HK\$ 400 [IP400]

Existing IP Addresses Range: \_\_\_\_\_

Assignment of Existing IP Address:

Sever: \_\_\_\_\_

Firewall: \_\_\_\_\_

PC: \_\_\_\_\_

Gateway: \_\_\_\_\_

Others: \_\_\_\_\_

**New IP Address Assignment**

Detail Applications (Please attach network diagram)

\* For Multiple Fixed IP plan only.

Remarks: \_\_\_\_\_

Acknowledgment Signature and Company Chop: \_\_\_\_\_

Signatory Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only	Salesman Name & Code	Salesman Signature & Chop	
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