

Kwai Chung Data Center Service - Authorized Access List

Please complete and submit this form by email at ntthk.cs@global.ntt.

NTT will complete the processing and acknowledge you in 48hrs via email. If you have any inquiry, please contact your Account Manager.

Customer Support Hotline: (852) 3793 0222

<A> Requestor Information (All fields with * must be filled in)

Company Name*		DC Location	Kwai Chung DC
Authorized Contact*		Valid ID* (e.g. Z123 456(7))	XXXX _ _ _ (_)
Email*		Title	
Mobile*		Fax	
Account Manager		Email	

** Authorization Access List (Name should be same as HK ID Card)**

Please check the appropriate box

Name 1*		Action Type* (Select only one)	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Title		Valid ID* (e.g. Z123 456(7))	XXXX _ _ _ (_)
Email Address		Mobile	

Authorization type* (Please select only one)	<input type="checkbox"/> Full Access <input type="checkbox"/> Move in/Out & Access Locker <input type="checkbox"/> Move in/Out <input type="checkbox"/> Visit & Remote hand <input type="checkbox"/> Visit only <input type="checkbox"/> Remote hand only
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Access Period* (Please select only one)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (valid from _____ to _____)
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Name 2*		Action Type* (Select only one)	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Title		Valid ID* (e.g. Z123 456(7))	XXXX _ _ _ (_)
Email Address		Mobile	

Authorization type* (Please select only one)	<input type="checkbox"/> Full Access <input type="checkbox"/> Move in/Out & Access Locker <input type="checkbox"/> Move in/Out <input type="checkbox"/> Visit & Remote hand <input type="checkbox"/> Visit only <input type="checkbox"/> Remote hand only
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Access Period* (Please select only one)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (valid from _____ to _____)
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Name 3*		Action Type* (Select only one)	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Title		Valid ID* (e.g. Z123 456(7))	XXXX _ _ _ (_)
Email Address		Mobile	

CONFIDENTIAL

All information on this form will be treated as confidential



Authorization type* (Please select only one)	<input type="checkbox"/> Full Access <input type="checkbox"/> Move in/Out & Access Locker <input type="checkbox"/> Move in/Out <input type="checkbox"/> Visit & Remote hand <input type="checkbox"/> Visit only <input type="checkbox"/> Remote hand only
Access Period* (Please select only one)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (valid from _____ to _____)

Note:

1. * Compulsory field(s)
2. Maximum 4 name records are allowed in Authorized Access List
3. Valid ID can be last 4 digits of HK ID card (e.g. Z123 456(7), passport, traveling document, Hong Kong Driving license, staff card of HKSAR government or related organizations, staff card of public utilities (e.g. electricity, gas, TV, radio, etc.) or staff card of Telco.
4. Access Type
 - Full Access has the right of add/change/delete authorized contact record, equipment move-in/out, access locker, visit and remote hand
 - Move in/Out & Access Locker has the right of equipment move-in/out, access locker, visit and remote hand
 - Move in/Out has the right of equipment move-in/out, visit and remote hand
 - Visit & Remote Hand has the right to access Data Centre and request remote hand service
5. The Authorized Access List applied to all racks the customer subscribed in the above data center.
6. Period of Temporary Access is less than 3 months.

<C> Remark

NTT Com Asia Limited and HKNet Limited (collectively, "we", "us" or "our") take your privacy seriously.

Please tick the relevant boxes below:

You agree and consent to us collecting, using and disclosing your personal information as outlined in our Privacy Policy at <https://hello.global.ntt/en-us/legal/privacy-statement>. You understand that you can withdraw your consent or ask for correction of your personal data at any time by contacting us at ntthk.cs@global.ntt. However, if you withdraw your consent, we may no longer be able to provide our services or products to you.

You confirm that you have explained the above provisions to the above-mentioned individual(s) and that the individual(s) named in this form has read and understood these provisions and consent to our collection, use and disclosure of his/her personal information.

You hereby confirm that I and each of the above-named representative(s) in the Authorized Access List have read and agreed to comply with Company's DC Customer Handbook, Special Conditions for DC and General Terms and Conditions.

Authorized Signature with Company Chop

Date:

Name:

Title: