Data Centre Customized Remote Hand Support Service
Application Form

Application No.:	CN:	Date:

Customer Information (in block letter)

Company Name: ("Customer")

Details for the Required Remote Hand Service ("Service"):
(Please list the requirement step by step)

(If this form is not enough for the task description, please use a separate sheet to attach with this form)

Terms and Conditions

1. Customer must provide a detailed description for the required remote hand service and step-by-step procedure to perform. Also, the procedure must be agreed by HKBN Enterprise Solutions Limited ("HKBNES") to perform.
2. Based on the Customer requirement, HKBNES will estimate the charge (Man/Hour) for the Service and issue a quotation for the Customer by HKBNES Data Centre Service Application Form or Amendment Form.
3. The Customer must sign to accept the quotation before enjoying the Service.
4. For additional customer equipment installed out of customer's rack in the Data Centre (e.g. Tape Drive), additional charge other than labor will be applied.
5. HKBNES is not responsible for any customer equipment damage during the Service.
6. Customer must inform HKBNES the authorized person(s) to call in to place remote hand order in advance.
7. HKBNES may cancel this application if the Service have not yet been provisioned after 6 months after the application is submitted, which is, in the reasonable opinion of HKBNES, solely due to Customer's problems including but not limited to failing to provide adequate information, etc. In such case, Customer shall be liable to pay HKBNES a cancellation charge of HK$1,000.

Customer's Authorization

We hereby authorize HKBNES to effect the above application on such date and at such time as shall be determined by HKBNES. We confirm that the information given above (and the attached sheet, if any) is correct and complete. We confirm that we have read (or have been explained by HKBNES's sales agent of) the terms set out above and hereby confirm our acceptance thereof. Please apply in writing if you do not want to receive information of other HKBN products or services.

X

Authorized Signature with Company Chop

Name: _____ Position: _____ Date: _____

For Office Use Only:

☐ Accept by NO (Estimated time to handle the task:_____ Hours)
☐ Reject by NO (Reason:_____)

NO's Signature: _____ Name: _____ Date: _____

Project Manager's Signature: _____ Name: _____ Date: _____

PD&M Form #: GIDCCRH160306-SE