

Pre-agreed list of MAIN CONTACT PERSON and AUTHORIZED PERSON

How to fill out the form

- Use uppercase letters.
- For personnel identification data, only the last 4 characters of Identity number are required.
- Indicate personnel as either "Main Contact Person" (MCP) or "Authorized Person" (AP). For first-time MCP, they are required to include their personal information on the application and check the "MCP" option. MCP can only apply for AP but not for other MCP.
- * BCP access card will default to "NO" if it is not applicable to the applicant.

Company Information

Client Company			
Address			
Telephone No.		Fax No.	

Personnel Information

Name	MCP	AP		Click / Insert Photo Below	
Identity No. (Last 4 char.)					
Telephone No.			Mobile No.		
Email Address					
Emergency Contact	YES	NO	Signature Specimen		
Colocation Access Card	YES	NO			
BCP Access Card *	YES	NO			
Web Portal Access	YES	NO			
Name	MCP	AP		Click / Insert Photo Below	
Identity No. (Last 4 char.)					
Telephone No.			Mobile No.		
Email Address					
Emergency Contact	YES	NO	Signature Specimen		
Colocation Access Card	YES	NO			
BCP Access Card *	YES	NO			
Web Portal Access	YES	NO			
Name	MCP	AP		Click / Insert Photo Below	
Identity No. (Last 4 char.)					
Telephone No.			Mobile No.		
Email Address					
Emergency Contact	YES	NO	Signature Specimen		
Colocation Access Card	YES	NO			
BCP Access Card *	YES	NO			
Web Portal Access	YES	NO			

Note:

1. The Client understands that the Main Contact Person is authorized to appoint or change Authorized Person(s) representing the Client.
2. The Client understands that the Main Contact Person or Authorized Person(s) are authorized to enter the datacenter site, sign job order forms, sign work appointment forms, sign removal of equipment, requisition forms, etc (collectively named as "AF" / "RF") with the Company chop singly.
The Client further understands such documents will represent a monetary responsibility and/or undertaking from the Client.
3. An Online Web Portal Account will be created for the Main Contact Person or Authorized Person(s) upon request and approval from HKCOLO.

Company Chop:	MCP Name: _____ MCP Signature: _____
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