Tender Document Request Form

Please dispatch a copy of the following document to our representative as indicated below.

Document	Tender for the Provision of Rental Service of IP Telephony Managed Service for the Consumer Council
Company Name	
Company Address	
Company Contact	
(Name, Phone, E-mail)	
Date Requested	

- I/We now request to have a copy of the above document, together with any other information in whatever format received subsequently, for and only for the purpose of the Council's request for tender exercise.
- 2. All information requested shall be treated as confidential and in no case disseminated to a third party beyond the purpose of the Council's current tendering exercise.
- 3. I/We shall be fully responsible for the information collected.

5. If we shall be fully responsible for the information collected.				
Company Chop	Authorized Signature / Name / Title			
(For Consumer Council use only)				
(1 of Consumer Council use only)				
Checked / Handled by	Disk / Document #	Date / Time		