



Account No. (To be filled by SLT staff)

CR NO.

APPLICATION FOR SHARED WEB HOSTING SERVICE

1. General Information

1.1 Name in Full, 1.2 Company name, 1.3 Name of all partners, 1.4 National Identity card, 1.5 Billing Address

2. Contact details(*mandatory to fill)

2.1 Name, 2.2 Profession/Designation, 2.3 Contact numbers

3. Shared Web Hosing Package Details (Please tick "X" as appropriate)

3.1 Application is for, 3.3 Preferred Operational System Support, 3.4 Preferred Package Type, 3.5 Database Support

4. Other Services(Optional) (Pls.mark "X" in appropriate box)

4.1 SLT Hosting backup Service, 4.2 SLT Web builder Service

5. Domain Name in Full, 5.1 DNS Hosting with SLT Server

6. Remarks / Additional Information

Customer Agreement

I / We do hereby declare that the information furnished by me/us are true and correct...

Signature(s) or Common Seal, Date

SLT Acknowledgement

SLT acknowledges the offer by the Customer and shall endure its best efforts to provide the Service...

Signature of SLT authorized officer, Date