

**AimsOne Pte Ltd (Aims1)**

CRN: 199301581R
 10 Ubi Crescent, #04-96
 UBI Techpark, Singapore 408564
 Tel: (65) 6848 7728
 Fax: (65) 6299 0608
 Telex: RS 20108 AIMS
 Email: sales@aims1.biz

**Accede Technology Pte Ltd**

CRN: 199101368K
 10 Ubi Crescent, #04-96
 UBI Techpark, Singapore 408564
 Tel: (65) 6848 7711
 Fax: (65) 6848 1183
 Telex: RS 22076 ACCEDE

(Partner of AimsOne Pte Ltd)**TERMINATION REQUEST (TELEX SERVICES)**

- Telex Hosting Account
 e-Telex Account
 Sub-ITL Account

Termination Request submit to AimsOne Pte Ltd Accede Technology Pte Ltd (Partner)
Fax: 6299 0608 **Fax: 6848 1183**

Section A : For Company Application

Company Name: (in block letters)		Company Registration Number: (CRN)	
Contact Person:	Tel:	Fax:	
Designation:	Email Address:		
Installation Address:	Billing Address (if different from installation address)		
Name to Contact For Clarification/Activation:	Tel:	Mobile:	

Section B: Existing Telex Number & Termination Request Details (1 month notice required)

Existing Telex Number(s)	Answer Back Code	Submission Date	Termination Date/Month
Remarks (please stated reason for termination)			

Section C: Computation for Termination Request

Contract Period (From)	(To)	Remaining Months (premature duration)
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Section D: Termination Details (subjected to prevailing GST rate)

S/N	Description	Rate	Remaining Months	Amount S\$	Remarks
1	Telex Number/Line Monthly Subscription	\$ 60			
2	Line Removal Administration Fee	\$ 100	1-Time	\$ 100.00	
3	Hosting/Mailbox Monthly Subscription				
4	Telex Traffic (last usage) cut-off at end of month				
5	30 Days (1 Month) Notice (if applicable)				
6	Miscellaneous (if any)				

I have read and agreed with the termination request.

The telex service requested to be terminate on _____ (dd/mm/yyyy)

(Please note that to re-instate the telex services after termination may subjected to fresh application and not warrant to the same telex number)
 The last transaction invoice to be settled for complete termination process, otherwise late payment interest @ 1.5% per month imposed.

 Signature of Authorised Officer / Date

 Company Stamp

FOR OFFICE INTERNAL USE

Received by/Date:	Termination Date:
Telex Number:	Process by/Date: