Please return completed form to 1-Net Singapore Pte Ltd Data Centre five (5) days in advance for processing.

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| **Section A – Customer Details** |
| Company Name:      | Data Centre: | Suite/Rack No:      |
| Administrative Person Name:      | Contact No:      |
| Designation:      | Email:      |

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| **Section B – Tape Management Information**  |
| Tape Rotation Schedule(eg Daily, Days of Week, Weekly etc):      | Rotation Include Public Holiday:[ ]  Yes [ ]  No | Tape Rotation Time: |
| Require Off-Site Storage:[ ]  Yes [ ]  No | If Yes (Choose one):[ ]  Cisco Recall Account No:      [ ]  Others Courier Name:       | Tape Delivery/Collection Schedule:     Offsite Include Public Holiday:[ ]  Yes [ ]  NoTape Delivery/Collection Time: |
| If No (Specify Storage Location):      |  |
| Tape Drive/Library Model:      | Tape Drive/Library Label (if any):      | Type of Tape Media: Total Number of Tape Media:     |
| Daily:                                                                                                               | Weekly:                                                             | Monthly:                                                             | Yearly:                                                             |

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| **Section C – Tape Rotation Schedule** for month of  |
| Date | Daily | Weekly | Monthly |
| 01 |       |       |       |
| 02 |       |       |       |
| 03 |       |       |       |
| 04 |       |       |       |
| 05 |       |       |       |
| 06 |       |       |       |
| 07 |       |       |       |
| 08 |       |       |       |
| 09 |       |       |       |
| 10 |       |       |       |
| 11 |       |       |       |
| 12 |       |       |       |
| 13 |       |       |       |
| 14 |       |       |       |
| 15 |       |       |       |
| 16 |       |       |       |
| 17 |       |       |       |
| 18 |       |       |       |
| 19 |       |       |       |
| 20 |       |       |       |
| 21 |       |       |       |
| 22 |       |       |       |
| 23 |       |       |       |
| 24 |       |       |       |
| 25 |       |       |       |
| 26 |       |       |       |
| 27 |       |       |       |
| 28 |       |       |       |
| 29 |       |       |       |
| 30 |       |       |       |
| 31 |       |       |       |
| Verified Correct By:Company Stamp: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Customer Name & Date) |

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| **Section D –Off-Site Storage Schedule** for month of  |
| Date | Tapes to send to Off-Site | Tapes to receive from Off-Site |
| 01 |       |       |
| 02 |       |       |
| 03 |       |       |
| 04 |       |       |
| 05 |       |       |
| 06 |       |       |
| 07 |       |       |
| 08 |       |       |
| 09 |       |       |
| 10 |       |       |
| 11 |       |       |
| 12 |       |       |
| 13 |       |       |
| 14 |       |       |
| 15 |       |       |
| 16 |       |       |
| 17 |       |       |
| 18 |       |       |
| 19 |       |       |
| 20 |       |       |
| 21 |       |       |
| 22 |       |       |
| 23 |       |       |
| 24 |       |       |
| 25 |       |       |
| 26 |       |       |
| 27 |       |       |
| 28 |       |       |
| 29 |       |       |
| 30 |       |       |
| 31 |       |       |
| Verified Correct By:Company Stamp: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Customer Name & Date) |