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  No  Tape 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 |
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| 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 |
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| Verified Correct By:  Company Stamp: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Customer Name & Date) | |