

ANNEX 3B.1

<b>ORDER FOR LINE SHARING</b>			
<b>The Requesting Operator</b>			
Date of Application	<input type="text" value="[Date]"/>	Application Reference Number	<input type="text" value="[Number]"/>
<input type="checkbox"/> Request for Local Loop		POA Tie Termination Assigned	<input type="text" value="[POA/Vertical/Pair No.]"/>
<input type="checkbox"/> Request for Sub Loop (Loop Distribution)		Building MDF Tie Termination Assigned	<input type="text" value="[MDF/Vertical/Pair No.]"/>
<b>Technical Specification</b>			
Type of xDSL Service to Share Bandwidth	<input type="text" value="[Type of xDSL]"/>		
Signal Power	<input type="text" value="[Signal Power Level]"/>		
Frequency and Bandwidth	<input type="text" value="[X Hz to Y Hz]"/>		
Customer Name	<input type="text" value="[Name]"/>		
Customer Address	<input type="text" value="[Address]"/>		
	<input type="text" value="[Address]"/>	Singapore	<input type="text" value="[Zip Code]"/>
Customer Number	<input type="text" value="[Telephone Number]"/>		
<b>On Behalf of the Requesting Licensee</b>			
Sign	_____		
Name	<input type="text" value="[Name]"/>	Name of Requesting Licensee	<input type="text" value="[Company Name]"/>
Designation	<input type="text" value="[Designation]"/>		
Department	<input type="text" value="[Department Name]"/>		
Contact Number	<input type="text" value="[Telephone Number]"/>	Company Stamp	_____
Fax Number	<input type="text" value="[Fax Number]"/>		
<b>SingTel's Reply to the Requesting Operator</b>			
<input type="checkbox"/> Application returned - incomplete/illegible			
<input type="checkbox"/> Not Approved	Reason for Rejection	<input type="text" value="[Reason]"/>	
<input type="checkbox"/> Approved	Circuit Identification Number	<input type="text" value="[Circuit Identification Number]"/>	
	Estimated Provision Date	<input type="text" value="[Date]"/>	
	SingTel Approval Code	<input type="text" value="[Approval Code]"/>	
<b>On behalf of SingTel</b>			
Sign	_____		Contact Number
Name	<input type="text" value="[Name]"/>	Fax Number	<input type="text" value="[Fax Number]"/>
		Date	<input type="text" value="[Date]"/>
<b>Processing Status</b>			
Received Date	<input type="text" value="[Date]"/>	Queue Status	<input type="text" value="[Queue No]"/>
		Processed Date	<input type="text" value="[Date]"/>