ANNEX D

ORDER FOR MANHOLE CONNECTION TO BUILDING MDF / TER/RISER ROOM

The Requesting Operator
Date of Application [Date] Application Reference Number [Number]
Estate/Street Name & Block No [Location /Address]
Manhole no .to connect [Manhole/No.]
MDF,Ter or Riser No. [MDF/Ter/Riser No.]
No.of ducts to be connected [Numbers]
No of Cable / Type / Size & Pair [Type/Size/Pair/No]
No. of Lead-in ducts required [Numbers] and Location [Location /Building Name]
(Plan map indicating the location of the manhole to be attached)
On Behalf of the Requesting Licensee
Sign
Name of Requesting Licensee [Company Name]
Designation [Designation]
Department [Department Name]
Contact Number [Telephone Number] Company Stamp
Fax Number [Fax Number]
SingTel's Reply to the Requesting Operator
Applicatioin returned - incomplete/illegible
□ Not Approved Reason for Rejection [Reason]
Approved in principle subject to Detailed Study
SingTel Approval Code [Approval Code]
On behalf of SingTel
Sign Contact Number [Telephone Number]
Name [Name] Fax Number [Fax Number]
Date [Date]
Processing Status
Received Date [Date] Queue Status [Queue No] Processed Date [Date]

ANNEX E

REQUEST FOR PHYSICAL ACCESS TO LEAD-IN DUCT AND ITS ASSOCIATED MANHOLE

Date of Application [Date]	Application Reference Number [Number]
[[23.5]	[Parison]
Approval for Physical Access is s	ought for the purpose of:
[Reason]	
Manhole Number	[Manhole Number]
Requested Date / Time of Acces	[Date & Time]
Estimated Duration of Access	[Hours]
Name of Person(s) for which Phy	sical Access is requested
	Senior Person / Passport No]
2 [Name & NRIC No /	Passport No]
3 [Name & NRIC No /	Passport No]
4 [Name & NRIC No /	Passport No]
5 [Name & NRIC No /	Passport No]
On Behalf of the Requesting Lice	
Sign Name [Name] Designation [Designation] Department [Department]	nent Name] ne Number] Company Stamp
Sign Name [Name] Designation [Design: Contact Number [Telepho	nent Name] ne Number] Company Stamp nber]
Sign Name [Name] Designation [Design: Department [Department] Contact Number [Telepho] Fax Number [Fax Number] SingTel's Reply to the Requesting	nent Name] ne Number] Company Stamp nber]
Sign Name [Name] Designation [Design: Department [Department] Contact Number [Telepho] Fax Number [Fax Num SingTel's Reply to the Requesting Application returned - incomp	nent Name] ne Number] Company Stamp nber]
Sign Name [Name] Designation [Designation] Department [Department] Contact Number [Telepho] Fax Number [Fax Num SingTel's Reply to the Requestion Application returned - incomp	nent Name] ne Number] Company Stamp nber] g Operator Delete/illegible
Sign Name [Name] Designation [Designation] Department [Department] Contact Number [Telepho] Fax Number [Fax Num SingTel's Reply to the Requestion Application returned - incomp	nent Name] ne Number] Company Stamp nber] g Operator Dete/illegible Reason for Rejection [Reason]
Sign Name [Name] Designation [Designation] Department [Department] Contact Number [Telepho] Fax Number [Fax Num SingTel's Reply to the Requesting Application returned - incomp	nent Name] ne Number] Company Stamp nber] g Operator Dete/illegible Reason for Rejection [Reason]
Sign Name [Name] Designation [Design: Department [Department] Contact Number [Telepho Fax Number [Fax Num SingTel's Reply to the Requesting Application returned - incomp	nent Name] ne Number] Company Stamp g Operator Detec/illegible Reason for Rejection [Reason] and conditions given in the attached Letter of Authorisation

ANNEX F

REQUEST FOR EMERGENCY PHYSICAL ACCESS TO LEAD-IN DUCT AND ITS ASSOCIATED MANHOLE

Date of App	lication [Date]		Application Reference	e Number	[Number]
Approval for	Emergency Physical A	acces in cought to	or the nurness of		
[Reason]		ccess is sought to	it the purpose of.		
Manhole No		[Manhole Numb	perl		
	Date / Time of Access	[Date & Time]	,		
	uration of Access	[Hours]			
20	a.a	[riodio]			
Name of Pe	rson(s) for which Physic	cal Access is requ	ested.		
1 Г	[Name & NRIC No of S	•			
2 [[Name & NRIC No / Pa				
3 F	[Name & NRIC No / Pa				
- L 4 Г	[Name & NRIC No / Pa				
ь 5 Г	[Name & NRIC No / Pa				
- 1	[Name & NNIC NO / Fa	ssport Noj			
On Behalf o	f the Requesting Licens	ee			
Sign					
Sign Name	[Name]		Name of Requesting	l icensee	[Company Name]
Name	[Name]	onl	Name of Requesting	Licensee	[Company Name]
Name Designation	[Designation		Name of Requesting	Licensee	[Company Name]
Name Designation Department	[Designation	nt Name]		Licensee	[Company Name]
Name Designation Department Contact Nur	[Designation	nt Name] Number]	Name of Requesting Company Stamp	Licensee	[Company Name]
Name Designation Department	[Designation	nt Name] Number]		Licensee	[Company Name]
Name Designation Department Contact Nur Fax Number	[Designation	Number]		Licensee	[Company Name]
Name Designation Department Contact Nur Fax Number	[Designation	Number]		Licensee	[Company Name]
Name Designation Department Contact Nur Fax Number	[Designation	Number] er] Operator		Licensee	[Company Name]
Name Designation Department Contact Nur Fax Number SingTel's Re	[Designation	nt Name] Number] er] Operator te/illegible	Company Stamp	Licensee	[Company Name]
Name Designation Department Contact Nur Fax Number SingTel's Re	[Designation	Number] er] Operator	Company Stamp	Licensee	[Company Name]
Name Designation Department Contact Nur Fax Number SingTel's Re	[Designation [Department of Telephone of Tel	Number] Poperator te/illegible Reason for Rejection	Company Stamp		
Name Designation Department Contact Nur Fax Number SingTel's Re Application Not Appro	[Designation	Number] Poperator te/illegible Reason for Rejection	Company Stamp on [Reason]		
Name Designation Department Contact Nur Fax Number SingTel's Re	[Designation	Number] Poperator te/illegible Reason for Rejection	Company Stamp on [Reason]		
Name Designation Department Contact Nur Fax Number SingTel's Re Application Not Appro	[Designation	Number] Poperator te/illegible Reason for Rejection	Company Stamp on [Reason]	Authorisati	
Name Designation Department Contact Nur Fax Number SingTel's Re Application Not Approve Approved On behalf of	[Designation	Number] Poperator te/illegible Reason for Rejection	Company Stamp On [Reason] in the attached Letter of	Authorisati	on ne Number]

LETTER OF AUTHORISATION

FOR PHYSICAL ACCESS TO LEAD-IN DUCT AND ITS ASSOCIATED MANHOLE

It must be carried in the possession of the the Underground Plant as indicated below.	senior person at all time during the duration of access granted to
Location of Manhole granted for acccess:	[Location / Manhole No, for the purpose of Cable Pulling]
Name of Person(s) granted to access:	1 [Name of Senior Person & NRIC No / Passport No]
	2 [Name & NRIC No / Passport No]
	3 [Name & NRIC No / Passport No]
	4 [Name & NRIC No / Passport No]
	5 [Name & NRIC No / Passport No]
Approved Date of Access: [Date]	
Approved Time of Access: [Time]	
Approved Duration of Access: [Duration]	
On behalf of SingTel	
and the state of t	
Sign	Contact Number [Telephone Number]
	Fax Number [Fax Number]
Name [Name]	rax Nullibel 1

ANNEX H

MASTER LIST FOR PHYSICAL ACCESS TO LEAD-IN DUCT AND ITS ASSOCIATED MANHOLE

S/n	Name	Company Name / Requesting Licensee A's Contactor Name	IC / Passport No.	SIC / SOC No.	Contact Tel No.
1	Richard Tan	Requesting Licensee A	1234567C	A12345	8888999
2	Yeh Sing Ping	Pipe Construction Pte Ltd	3333444A	C67890	7777788
	Two examples for referen	ce.			