

**DYXnet Co-location Service
Access Authorization Form**



Information Contact

Company Name: _____

Main Contact Person: _____

Telephone: _____ Mobile: _____ Fax Number: _____

Email Address: _____

Request For Permanent Access Authorization

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Modify	Name: _____ (Printed name in ID card)	Identify No. _____	ID Type: <input type="checkbox"/> Local ID <input type="checkbox"/> Staff ID <input type="checkbox"/> Passport ID <input type="checkbox"/> Other
		Mobile: _____	Email: _____
		*Authorization Level: <u> 1 / 2 / 3 </u>	
		Remark: _____	
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Modify	Name: _____ (Printed name in ID card)	Identify No. _____	ID Type: <input type="checkbox"/> Local ID <input type="checkbox"/> Staff ID <input type="checkbox"/> Passport ID <input type="checkbox"/> Other
		Mobile: _____	Email: _____
		*Authorization Level: <u> 1 / 2 / 3 </u>	
		Remark: _____	
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Modify	Name: _____ (Printed name in ID card)	Identify No. _____	ID Type: <input type="checkbox"/> Local ID <input type="checkbox"/> Staff ID <input type="checkbox"/> Passport ID <input type="checkbox"/> Other
		Mobile: _____	Email: _____
		*Authorization Level: <u> 1 / 2 / 3 </u>	
		Remark: _____	
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Modify	Name: _____ (Printed name in ID card)	Identify No. _____	ID Type: <input type="checkbox"/> Local ID <input type="checkbox"/> Staff ID <input type="checkbox"/> Passport ID <input type="checkbox"/> Other
		Mobile: _____	Email: _____
		*Authorization Level: <u> 1 / 2 / 3 </u>	
		Remark: _____	

Note: Authorization levels
 Level 1 – Have authority to enter the Data Center in person only.
 Level 2 – Have authorization level 1 and can bring along any other people.
 Level 3 – Have authorization level 2 and right to grant one-time access for any people with prior written notice.
 The main contact person on the top must be administrator who can authorize to add, delete and modify Level 1 - 3 person.
 Please return the completed form to helpdesk@dyxnet.com or FAX it to (852) 3152 5024.
 You would receive an email receipt after this application is being processed.
 Should you have enquiries please call our Customer Service Centre at (852) 3152 2626.

Customer Declaration

On behalf of the company listed above, I approve that all people listed above are eligible to access all equipment which belongs to our company co-located in DYXnet's data center and it is agreed that DYXnet is not liable to any damages caused to our equipment due to the access to data centre by any of the people under the authorization given above.

Accepted and confirmed by:

Authorized Signature with Company Chop

Date(dd/mm/yyyy)

Official Use Only

Customer ID: _____ Site ID: _____ Rack ID: _____

Received By: _____ Date(dd/mm/yyyy): _____ Remark: _____

Requirement for Hong Kong under Personal Data (Privacy) Ordinance

Visitor should provide photo staff ID card or government issued identification document as identity proof and only first four digits are required for government issued identification document ID. The personal data provided in this form will be only used by DYXnet Group, its group companies and Data Center owner for the purpose of data center access authorization and authentication. You can refer to the Data Center Privacy Policy for the collection, use, storage and handling of personal data.