



@work Single-Access Business Broadband Service Portal Administrator/User Forget Password' Reset Form

Please complete in English BLOCK letters, tick the appropriate boxes ,delete if inappropriate and return by fax to 2634 0505

Subscriber Information

Company Name: _____
Contact Person: _____ Line No. _____
Tel No.: _____ Account No. _____
Business Registration No. _____

Details of Password Change

Please select as appropriate:

- Administrator
 User

Login ID: _____ Password : _____

Personal Data Privacy

The personal data in this Declaration Form will be used by PCCW IMS Limited to process and administer your subscription. Its use shall be subject to the Terms and Conditions of the broadband service you are subscribing and "PCCW PRIVACY POLICY STATEMENT", a copy of which can be accessed at <http://www.pccw.com/legal/privacy.html>.

Authorization

Authorized Signature & Company Chop

Name: _____
Title: _____
Date : _____