|  |  |
| --- | --- |
| www.intact.digital | Intact Digital LtdCompass House, Vision Park Chivers Way, HistonCambridge, CB24 9AD, UKTel: +44 01223 25 7990 |

 Send the signed form to Intact Digital Ltd (IDL) at accounts@intact.digital

|  |
| --- |
| **Account Registration IDL-ACR-2020** |

*Please provide information about your organization by filling the fields that are relevant for your organization*

|  |
| --- |
| Organization  |
| Organization Name: |  |
| Division/Department: |  |
| Team/Unit: |  |

|  |
| --- |
| Industry Sector |
| [ ]  Public Sector | [ ]  Finance | [ ]  Pharmaceuticals | [ ]  Aerospace |
| [ ]  Manufacturing | [ ]  Transport | [ ]  Construction | [ ]  Other: |

|  |
| --- |
| Correspondence address |
| Street |  |
| City/Country |  |
| Post Code |  |

|  |
| --- |
| Contact (*Required to complete the registration process)*   |
| Name: | Role: |
| Tel | Email: |
| Fax: |  |

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| **Intact Digital Services** |

*Please indicate one or more services that you are interested in. Information about individual services can be found at* [*https://intact.digital*](https://intact.digital) *or by contacting accounts@intact.digital.*

|  |
| --- |
| Software Management Services |
|  [ ]  Software Library | [ ]  Software Distribution | [ ]  Software Assurance |

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| --- |
| Content Management Services |
|  [ ]  Digital Workspace | [ ]  Content Distribution  | [ ]  Executable Archive |

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| **User Registration** |

*Please indicate the primary contact for each service and the users who require access to the services. Primary user may be the same person as the primary contact of the account. Primary users must be authorized to request access to services for other users. Each named individual will be issued a login and a user password. Valid email is mandatory.*

|  |
| --- |
| Primary User  |
| First name: | Middle: |
| Last name: | Other names: |
| Business role: | Email: |
| Tel:  | Fax: |
| Required start date: |  |

|  |
| --- |
| User  |
| First name: | Middle: |
| Last name: | Other names: |
| Business role: | Email: |
| Tel:  | Fax: |
| Required start date: |  |

|  |
| --- |
| User  |
| First name: | Middle: |
| Last name: | Other names: |
| Business role: | Email: |
| Tel:  | Fax: |
| Required start date: |  |

*For more users, please use extra pages.*

|  |
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| **Contract Information** |

*If the service registration is part of a contract between your organization and Intact Digital Ltd., please provide contract details:*

|  |  |
| --- | --- |
| Contract Number |  |
| Contract Start Date |  |
| Contract End Date |  |
| Other (e.g., Project Information) |  |

|  |
| --- |
| **Financial Information**  |

*Please complete if the contract involves payments (e.g., deposit of funds).*

|  |
| --- |
| Bank Details |
| Name of the Bank |  |
| Name of the Account Holder |  |
| Account Number |  |
| Sort Code |  |
| Swift |  |
| IBAN number |  |

|  |
| --- |
| Bank Address |
| Street |  |
| City/Country |  |
| Post Code |  |

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| **Signature** |

*The form needs to be signed by a person authorized to open an account and request user accounts for Intact Digital services.*

|  |  |
| --- | --- |
| Full Name: |  |
| Role: |  |
| Signature |  |
| Date: |  |

*Please complete if the contract involves payments (e.g., deposit of funds).*