



www.intact.digital

Intact Digital Ltd
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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			
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Finance	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Aerospace
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transport	<input type="checkbox"/> Construction	<input type="checkbox"/> Other:

Correspondence address	
Street	
City/Country	
Post Code	

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

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> or by contacting accounts@intact.digital.

Software Management Services

Software Library Software Distribution Software Assurance

Content Management Services

Digital Workspace Content Distribution Executable Archive

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

Name:	Role:
Department:	Email:
Intact Digital Service:	Tel:
Reason for using the Service:	Fax:
Required start date:	

User

Name:	Role:
Department:	Email:
Intact Digital Service:	Tel:
Reason for using the Service:	Fax:
Required start date:	

User

Name:	Role:
Department:	Email:
Intact Digital Service:	Tel:
Reason for using the Service:	Fax:
Required start date:	

For more users, please use extra pages.

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	

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).