

ISV Software Change Form (FundConnex)

Date				
Official Company Name (English/Thai)				
Business name (if any)				
Contact Person		Name & Title :		
		Telephone No. :		
		Email :		
Your Customer System		<input type="checkbox"/> SA <input type="checkbox"/> AMC		
Apply for System Connections		<input type="checkbox"/> Order Management <input type="checkbox"/> Upload / Download		
Software Name	new		old	
Software Version	new		old	
Gateway Software Name	new		old	
Platform	new		old	
Release Note				
Effective Date				

We hereby certify that the above information are correct accordingly.

Authorization Name of the ISV	Authorized Signature
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For more information, please contact ISV_Access_Support@set.or.th