



**BlueTel**

**BLUETEL NETWORKS PTE LTD**

180 Paya Lebar Road #06-03 Yi Guang Building Singapore 409032 | Tel 6556 2221 | Fax 6556 2777 | www.bluetel.net.sg

BTN Ref. No.	
DWG Ref No.	
PP	Invoice no. :
NCE	Invoice no. :

**REQUEST FOR BLUETEL PLANT MAP**

**INSTRUCTIONS:**

- (a) **Requesting Company** please fax us a copy of this completed form and a location plan with the area of interest clearly marked out.
- (b) Upon receiving our letter of notification (via fax) please bring along your cheque for collection of plant map(s) at our office.
- (c) Engage an IDA licensed telecommunication cable detection worker to carry out detection and notify BlueTel 7 days before commencement of earthworks which are within the vicinity of any telecommunication cables in accordance with Section 29(1) of the Telecommunications Act or the latest relevant section of the Act by submitting the latest Notice of Commencement (NCE).

**1. DETAILS OF REQUESTING COMPANY (IN BLOCK LETTERS)**

COMPANY'S NAME:		
COMPANY'S ADDRESS:		
PERSON-IN-CHARGE (NAME IN FULL):		
NRIC / FIN NO.:		DESIGNATION:
OFFICE TEL:	MOBILE NO:	FAX:
COMPANY STAMP:	SIGNATURE & DATE:	EMAIL:
		COMPANY REGISTRATION NO.:

**2. PROJECT INFORMATION**

PROJECT TITLE: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

PROPOSED START & COMPLETION DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

**3. PAYMENT**

**Only cheque payment is accepted**, other mode of payment is not acceptable. Payment is required at the point of collection. Cheque should be crossed and made payable to BLUETEL NETWORKS PTE LTD.

NO. OF SET(S) REQUIRED:	Per set at S\$34.24 (price inclusive of 7% GST)
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**4. MODE OF COLLECTION**

Drawings are to be collected in person. Collection time is **Monday to Friday 9.30am – 11.30am & 3pm – 5pm.**

**5. DRAWINGS RECEIVED BY (To be filled up at point of collection)**

NAME IN FULL: _____	SIGNATURE & DATE:
NRIC / FIN NO.: _____	

**6. FOR BLUETEL'S USE ONLY**

<b>OSP</b>	Received Date:	Processed By (Name / Signature / Date):	Checked By (Name / Signature / Date):
		Service affecting	Non-service affecting