

**Ministry of Transport and Communications**  
**Information Technology & Cyber Security Department**  
Server Co-location Service Request Form

**1. User Information**

Name : .....  
Position : .....  
Department : .....  
Address : .....  
.....  
Telephone No : ..... Mobile No : .....  
Fax : ..... e-Mail : .....

**2. Bill Contact Information**

Name : .....  
Position : .....  
Department : .....  
Address : .....  
.....  
Telephone No : ..... Mobile No : .....  
Fax : ..... e-Mail : .....

**3. Technical Contact Information**

Name : .....  
Position : .....  
Department : .....  
Address : .....  
.....  
Telephone No : ..... Mobile No : .....  
Fax : ..... e-Mail : .....

**4. Server Information**

Server Service  WWW  Mail  FTP  IM  VOIP  Others .....  
URL / Domain : .....

**5. Server Specification**

**5.1. Hardware**

Type  Brand  No Brand  
Size (U) : ..... No. of NIC : .....  
Hard Disk : ..... Memory : .....  
Model : ..... Serial No. : .....

**5.2. Power Supply Information**

No. of Power Supply : .....

Power Consumption : .....

**5.3. Operating System**

Version : .....

License  Yes  No

**5.4. VMware Platform**

VMware : .....

Version : .....

Number of VMware Server : .....

**6. Database System**

MySQL  MS-SQL  Oracle  Other .....

Version : .....

**7. Security Feature**

Firewall  Antivirus  Web Security  Other

Software & Version: .....

**8. Content Management System**

Joomla  Drupal  Wordpress  Other

Version : .....

**9. Billing Period**

1 Month  3 Months  6 Months  12 Months  Other .....

**10. Rack Space**

6 U  ½ Rack (21U)  Full Rack (42U)  Other .....U

Signature :

Name : .....

Position : .....

Department : .....

Date : .....