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Please send the signed form to Intact Digital Limited (IDL) at accounts@intact.digital

Software Registra	ation Form	IDL-SRG-2020
Primary Contact		
Name:		
Role:		
Division/Department:		
Team/Unit:		
Contact		
Name:		
Role:		
Division/Department:		
Team/Unit:		
Contact		
Name:		
Role:		
Division/Department:		
Team/Unit:		
Software Informa	tion	
Software Details		
Software Name:		
Software Version:		
Vendor:		

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Operating Sy	stem:						
Software type) :	Indicate: stand-alone software application or client-server configuration, unsupported software or contemporary software, etc.					
Hardware red	quirements:	Indicate typical hardware installation requirements					
Additional So Packages:	ftware	Indicate any supporting or dependent software					
Purpose of S	oftware use						
Access to	archived data			Reproducing da	ata analysis		
Training				Other:			
Software Licencing							
License Deta	ils						
License Type	:						
License Own	er(s):						
Number of lic	enses:						
License Terms: Indicate any restrict		ions on the license durati	on, concurrent use, etc.				
Proof of Licer	nse:	Indicate the type, e.g., contract agreement, proof of purchase, etc.					
Signature							
The form needs to be signed by individuals who are required to authorise the registration of software prior to receiving Intact Digital services.							
Primary Conta		act	Cont	act	Contact		
Print Name:							
Signature:							

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Role: