

Intact Digital Ltd
Compass House, Vision Park
Chivers Way, Histon Cambridge, CB24 9AD, UK Tel: +44 01223 25 7990

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

Software Upload	Form	IDL-SUP-2020
Account Number		
Primary Contact		
Name:		
Role:		
Email:		
Phone:		
Contact		
Name:		
Role:		
Email:		
Phone:		
Transfer Informat	ion	
Software Details		
Software name:		
Vendor:		
Software Registration ID:		
Tools and Transfer Procedur	е	
Compression:		
Encryption:		
Checksum:		
Secure Transfer Tool:		
Other:		

Transfer Method				
WinSCP (recommended)	MoveIT	Other:		
Package Information				
Package Details				
Size of package:	Compressed:	Uncompressed:		
Software Executables:				
Software Installer:				
(Please indicate whether documentation is	included in the package	or append a detailed content information.)		
Software Documentation				
Vendor User Guide:				
Vendor Installation Guide:				
Other(s):				
Internal Documentation				
Internal Installation Guidelines:				
Internal Testing Guidelines:				
Other(s):				
Testing Details				
Testing Data:				
Testing Procedure:				
Other(s):				
Availability for Software Upload				
Preferred Dates:				
(Please indicate one or more preferred dates)				
Special requirements:				
(Please indicate any special requirements for the handling and transfer of software)				

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