

**HKBN X ICG 627 SPECIAL EVENT DISCOUNT OFFER
 ICG ACADEMY - CLOUD ACADEMY SUBSCRIPTION ORDER FORM**

Company Information

Company Name: _____ Name: _____ Title and Department: _____ Billing Person and Address: _____ _____	Tel: _____ Email: _____ Date: _____
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Cloud Academy Subscription

Item Description	Unit Price (HKD) <i>Per user & Per Annum</i>	No. of User	Price (HKD)
1/ Enterprise License*	\$6,980	5	\$34,900
2/ Compulsory Admin License**	\$9,368	1	\$9,368
Target Account Activation Date <i>(DD/MM/YY)</i>	(TBC)	Sub Total (HKD)	\$44,268
Notes: 1) Special Event Discount offer 25% off on CA subscription, client will entitle the discount if committed the subscription on or before 30 June 2018 ; 2) ICG Management approved the special arrangement on the MOQ of CA licenses for this case.		Total (HKD)	\$33,201

Remarks

*Enterprise License - MOQ: 40 users
 **Admin license is entitled to control administration panel and management insight dashboard - MOQ: 2 users

Terms and Conditions

1. **Validity:** The subscription order form will be valid for 7 days from the date of issued.
2. **Payment Terms:** Payment in Advance.
3. **Delivery Time:** Within 14 days. User accounts will be activated if payment is received.
4. **Pay to:** Please send crossed cheque payable to "I CONSULTING GROUP LIMITED" and send to "Unit D, 14/F, Mai Shun Industrial Building, 18-24 Kwai Cheong Rd., Kwai Chung".

Declaration by Customer

WE HAVE READ AND UNDERSTOOD I CONSULTING GROUP LIMITED - TERMS AND CONDITIONS WITHIN THIS ORDER FORM AND AGREED TO BE BOUNDED BY THEM ONCE THIS ORDER FORM HAS BEEN ACCEPTED BY I CONSULTING GROUP LIMITED. WE WARRANT THAT THE INFORMATION PROVIDED HERE IS CORRECT. NO CANCELLATION OF ORDER UPON SIGNING OF THIS ORDER FORM.

Signature by Customer

For and on behalf of _____ Signature and Company Chop Name: Title: Date:	For and on behalf of I CONSULTING GROUP LIMITED _____ Signature and Company Chop Name: Alan Wu Title: Account Manager Date: 30 June 2018
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For ICG Internal Use			
Received and Handled by (Name):	Approved by (Name):	Payment Received by (Name): Account Dept.	User Account Activated by (Name):
Signature:	Signature:	Signature:	Signature:
Received and Handled on (Date):	Approved on (Date):	Payment Received on (Date):	User Account Activated on (Date):