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| **Vendor Information** | |
| Name of person completing the form: | Phuriwat Tadawattanavit |
| Date form was prepared: | 27 December 2024 |
| Vendor Name: | Charoen Cabletv network |
| Primary Function of Application:  (e.g. Digital Signage, Music, etc.) | Internet Protocol Television (IPTV) |
| Date of Installation: | 7 January 2025 |
| Estimated number of days required for installation: | 1 Days |
| Primary Onsite Contact Name: | Chumpon Hunrat |
| Primary Onsite Contact Number: | +66 91-534-9900 |
| Primary Onsite Contact Email: | Chumpon\_h@cableconnect.co.th |
| Primary Contact Name: | Jintana Ooywan |
| Primary Contact Number: | +66 65-238-7603 |
| Primary Contact Email: | Jintana\_o@cabletv.co.th |
| Post installation support #: | Jintana Ooywan |
| Post installation support email: | Jintana\_o@cabletv.co.th |

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| **Networking Requirements** | | | | |
| **Server Requirements** | | | | |
| Is this a server based solution? | | | | **No** |
| How many servers? | | | | **No** |
| How many ports are required per server? | | | | **No** |
| Which server(s) will be offering DHCP? | | | | **No** |
| For each DHCP source, list the device type that will be requesting DHCP (i.e.: Admin PCs, admin phones, guest phones, printers, POS devices, etc.): | | | | **No** |
| DHCP Source 1 | |  | | |
| DHCP Source 2 | |  | | |
| DHCP Source 3 | |  | | |
| Does your service require more than 1 VLAN assignment (a VLAN and an IP Address subnet will be assigned to you based on GPNS Standards)? | | | | **No** |
| Does your service utilize any specific protocol (s)? | | | | **Yes** |
| If yes, please indicate which protocols. | | | | **UDP** |
| Does your service require the transmission of any non-internet protocol Ethernet frames such as Netbios, or any layer 2 broadcast frames? | | | | **Yes** |
| If yes, please indicate which. | | | | **UDP** |
| Does you service require communication with other VLANS within the property? (e.g. Back office network?) | | | | **No** |
| If yes, list which devices/services you need to communicate with (i.e. PMS, time clock, remote printing) | | | | IPTV |
| Does your service support interactive services from the property, such as gaming? | | | | **No** |
| If so, provide projected bandwidth per interactive session. | | | | |
| If so, provide projected bandwidth needs for updates to the interactive devices, if applicable. | | | | |
| Does this service require an active internet connection (excluding remote access)? | | | | **No** |
| If yes, specify bandwidth requirements for internet access | | | |  |
| If yes, does your service require public IPs? | | | | **No** |
| If yes, how many? | | | |  |
| Does your service require remote access for management? | | | | **No** |
| Specify remote management requirements: | | | | |
| Your dedicated VLANS will be pre-assigned a /24 subnet. Please indicate if this is insufficient and state your requirements. | | | | **No** |
| Does your service require PCI Compliance? (Credit card information, guest information) | | | | **No** |
| If yes, does your service transmit credit card information? | | | | N/a |
| If yes, does your service store or transmit any Personal Identifiable Information (PII)? | | | | N/a |
| **Wired Device Requirements (this section to be filled out for each device type i.e.: admin phones, guest room phones, public area phones, emergency phones, printer, POS device)** | | | | |
| How many wired devices will require network connectivity? | | | | **1** |
| Specific VLAN configuration requirements? (i.e. Port Isolation, LLDP) | | | | **No** |
| How much bandwidth does each device require? | | | | **N/a** |
| Does the device obtain IP via DHCP service? | | | | **No** |
| If so, what is the DHCP source (property or vendor)? | | | | |
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| **Wireless Device Requirements** | | | | |
| How many wireless devices will require network connectivity? | | | | **No** |
| Specific VLAN configuration requirements? (i.e. Port Isolation, LLDP) | | | | **No** |
| How much bandwidth does each device require? | | | | **No** |
| Does the device obtain IP via DHCP service? | | | | **No** |
| If so, what is the DHCP source (property or vendor)? | | | | N/a |
| **SSID** | | | | |
| # | SSID Name | | SSID Requirements (for each provide if hidden, encryption method, etc.) |  |
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| Does the device obtain IP via DHCP service? | | | | **No** |
| If so, what is the DHCP source (property or vendor)? | | | | N/a |
| **Other Information** | | | | |
| Please provide a logical connectivity diagram of your design. | | | | Yes |
| Provide any special firewall requirements. | | | | N/a |

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|  |  |  | **Radius requirements** | | |
| **Device Name** | **Device Location (including Floor #)** | **MDF/IDF location** | **List with Hostnames** | **Username/ Password For 802.1x devices** | **MacAuthentication devices with the MAC address** |
| *i.e. Business Center Computer 1* | *i.e. Business Center, main floor* | *MDF* |  |  |  |
| *i.e. VIP Lounge Computer 2* | *i.e. VIP Lounge, fourth floor* | *IDF, 5th floor* |  |  |  |
| *MikroTik* | *Server room* |  |  |  |  |
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