

SYSTEMS ACCESS REQUEST FORM



System: Quality Management System	Reference No. Revision No: Q-F-IT-F-01, Rev1	Originated by: IT Manager
Revision Date: 07.06. 2013	Page No: Page 1 of 2	Authorized by: Managing Director

SECTION 1: Requester Information

Requester Name:	PF Number #:
Department Name:	Location: Ext:
Position: (If 'Other', indicate affiliation with SEC, such as 'Contractor')	Signature: Date (DD/MM/YYYY).....

SECTION 2: Access Information

System	Profile
<input type="checkbox"/> Ellipse System	<input type="checkbox"/> Corporate <input type="checkbox"/> Customer Service <input type="checkbox"/> Operations <input type="checkbox"/> Finance Level :
<input type="checkbox"/> 3E (Prepaid)	<input type="checkbox"/> Reports <input type="checkbox"/> Customer Service <input type="checkbox"/> Cashier <input type="checkbox"/> Technical <input type="checkbox"/> MPOS <input type="checkbox"/> Customer Service Sup <input type="checkbox"/> Other Specify:
<input type="checkbox"/> Credit Billing System (SPS)	<input type="checkbox"/> Enquiries <input type="checkbox"/> Customer Service <input type="checkbox"/> Other Specify:
<input type="checkbox"/> CRM	<input type="checkbox"/> Reports <input type="checkbox"/> Customer Service <input type="checkbox"/> Cashier <input type="checkbox"/> Technical <input type="checkbox"/> CallCnrt <input type="checkbox"/> Customer Service Sup <input type="checkbox"/> Other Specify:
<input type="checkbox"/> Email and Internet	<input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Intranet
<input type="checkbox"/> Business Intelligence	<input type="checkbox"/> Customer Service <input type="checkbox"/> Operations <input type="checkbox"/> Accountants <input type="checkbox"/> Corporate <input type="checkbox"/> Other Specify:
<input type="checkbox"/> Retail & Voucher Admin	<input type="checkbox"/> Reports <input type="checkbox"/> Customer Service <input type="checkbox"/> Cashier <input type="checkbox"/> Technical <input type="checkbox"/> CallCnrt <input type="checkbox"/> Customer Service Sup <input type="checkbox"/> Other Specify:
<input type="checkbox"/> Receipting	<input type="checkbox"/> Cashier <input type="checkbox"/> Supervisor
<input type="checkbox"/> Metrofiler	<input type="checkbox"/> Corporate <input type="checkbox"/> Customer Service <input type="checkbox"/> Operations <input type="checkbox"/> Finance Level :
<input type="checkbox"/> Other Systems	Access Level Profile

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SECTION 3: Policy Acceptance (Please Sign)

Requester: *I agree that the SEC Account Management, Password, Acceptable Use, Confidentiality Statement Policy has been reviewed and accepted.*

☐

Signature _____ Date _____

SECTION 4: Authorized Signatures

Approver's Name: _____

Date: _____

Approver's Title: _____
(Department Head or above)

IT Manager's Signature: _____

Date: _____

**System Administrator 's
Signature:** _____

Date: _____