

USER PRIVILEGED ACCESS FORM FOR INTERNAL

Classification	Internal
Page	1 of 1

Date of Submission: 02/03/2021 To: APPLICANT INFORMATION Darwis Johan Risk & Search Intern Name Function EmployeeID. I-ATI-065 Email i-darwis.johan@dana.id 0895-3318-37208 Contact no Work location Capital Place Dept. Technology **REQUEST** Request type \square Access Permission Access Removal □ Access Change **DETAIL OF REQUEST Type of Privileged** Specify the Access/Destination of the privileged access requested Access Server Admin Network admin Database admin Admin Access **Application** \square admin Request Period Permanent Temporary: 02 / 03 / 21 28 / 02 / 22 Objectives of the (Explain Solid reason/justification) Access is needed for installing application access STATEMENT (Please Check the box) I understand this request is asking for a privileged user access I will use the facilities as well as possible for Dana Indonesia business purposes. I will comply with the applicable Information Security Policy and/or Dana Indonesia regulations. I will be responsible for safeguarding information related to the access provided. I am willing to accept sanctions for misuse of facilities provided in accordance with the Information Security Policy I agree that all activities for the use of facilities are monitored by IT Security. I will not prosecute all actions taken by the Dana Indonesia after disciplinary action **IMPLEMENT SUBMIT CHECKER 1** CHECKER 2 **CHECKER 3** Department Implemented by: System's respective IT Head / Direct Requestor (System Operator): Security VP/Head Manager/Lead Darwis Johan Risk & Search Intern (Name & Function) Date. Date: Date: Date: Date: 2 March 2021