

## Third Party Network Resources Access Request Form (v1.1)

Note: Fields marked \* are mandatory

### Section-I: User Information

#### 1.1 User Details

Emp. ID: \*  Department: \*

First Name: \*  Last Name: \*

Name of the Organization: \*

Official mail id: \*  Contact Number: \*

Office Address: \*

State:  Pin Code:

#### 1.2 Services requested:\*

Remote/VPN:  Server / Web URL:  FTP:  API:

Cloud access:  Application:  Database:  Other Services:

#### 1.3 List of services to access through Remote/VPN access: \*

Sl.No.	Date Requested	IP Address / URL of the Server/ Service	Location of the Server/ Service	Destination Port	Purpose of the access

### DECLARATION

I hereby declare that

1. The information provided is correct.
2. Is responsible for secure usage of APL's Network Resource Access.
3. The user account(s) issued will be used only for accessing the APL Network Resources.
4. Will not indulge in any activity and no attempt will be made to gain unauthorized access to other services.
5. I am responsible for the content/ data uploaded /accessed in the APL network resources
6. I assure that the endpoint I use to connect to APL network will always be protected with latest anti-virus signature and meet the Network Access and Security Policy v 1.1 parameters of APL

I have read the terms and conditions of APL's Network Access and Security Policy v 1.1 and will comply with. If at a later stage any information is found to be incorrect or non-compliance with the terms and conditions will result in the cancellation of the services issued by APL.

Place: \*

Signature: \*

## Section - II: Recommendation from the Organization

This is to certify that the person as identified in SECTION-I has provided correct information and is authorized on behalf of the organization to update and access servers/services listed in 1.3.

I shall intimate APL's IT Department to deactivate the account when the person is transferred / relived from responsibility for which the access is provisioned.

Name: \*

Designation:\*

E-mail: \*

Contact  
Number: \*

Place: \*

Signature: \*

## SECTION III : Verification by APL's Authorized Team

This is to certify that the person as identified in SECTION-II has provided correct information and is authorized on behalf of the organization to update and access servers/services listed in 1.3.

I shall intimate APL's IT Administrator to deactivate the account when the person is transferred / relived from responsibility for which the service access is granted.

Name: \*

Designation:\*

E-mail: \*

Contact  
Number: \*

Place: \*

Signature: \*

## SECTION IV : Review and Approval from APL IT Head

This is to certify that I/we have reviewed the request for the service(s) to access on APL's network resources for business need(s).

This is to approve, to provide the requested access to the third party employee(see details in Section-I) based on authorizations from Third Party listed in Section-II and APL listed in Section-III on business needs.

Date Approved:\*

Place:\*

Signature:\*

## SECTION V : User access details provided by APL's IT Administrator

Based on the request for Server/ VPN/ FTP access from the details provided in Section-I and approval from IT Head (see Section-IV), following are the account details provided by allowing the access to the requested servers/services listed in 1.3

Date Created	User ID Provided	User Created by (EMP ID & Name)	Signature

Access granted to					Authentication level		
Server	VPN	Cloud Services	Application	Database	Read/ Guest	User/ Write	Admin/ Execute

Date Revoked	User Revoked by (EMP ID & Name)	Signature	Reason for revocation