

## **Occidental Insurance Company Limited**

## **Information Technology Department**

## **Agilis System Rights Requisition Form**

Date of Requisition:	Re	porting Location:	
Name of Employee:		Designation:	
Kindly assign access to the systems menus as outlined below for the above named user:			
			_
Supervisor request to assign rights of the above e	mployee. Name:	Signature:	
Approved By Head of Department. Name:		Signature:	
Approved By Chief Operations Officer / Chief Fina	ncial Officer		
Approved by emer operations officer y emer ring	neidi Omeei		
Done By I.T. Name:	Signature:	Date:	
I am the above mentioned employee and I do confirm that the rights as allocated above have been assigned to me.			
Signed:	Date:		