

Occidental Insurance Company Limited

Information Technology Department

Genesys System Rights Requisition Form

Date of Requisition: 14/12/2023 08:37:20	Reporting Location: I	Mombasa (Jubilee Arcade)
Name of Employee: GRACE MUTINDI MUTHIANI	Designation: UNDERWRITING	
Kindly assign access to the systems menus as outlined below for the ab	ove named user:	
NEW BUSINESS: ALL MOTOR CLASSES		A.
ALL NON -MOTOR CLASSES		
ENDORSEMENT:PTA,OTHERS,EXTENSION OF PERIOD FOR MOTOR CLASSES		
: PTA,OTHERS,EXTENSION OF PERIOD FOR NON-MOTOR CLASSES		
RENEWALS: FOR ALL MOTOR CLASSES		
: FOR ALL NON-MOTOR CLASSES		
CREATING CLIENTS /CUSTOMER DETAILS		
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Supervisor request to assign rights of the above employee. Name:		Signature:
Approved By Head of Department. Name:	Venico Signature:	- · ·
Approved By Chief Operations Officer / Chief Financial Officer:		
Done By I.T. Name: Signature:	Date	
I am the above mentioned employee and I do confirm that the rights as a	allocated above have been assign	ned to me.
Signed: Date:	4/12/2023.	