

ACCESS CARD REQUEST FORM

Directions: The requestor must complete this form and include their manager information. Once complete, please **email the form and a “head-shot” photo** to AGSAccessRequests@Chubb.com for your access badge to be provisioned.

Employee ID/Lan ID (Security Use) 1182232		Date: 11/4/2025	MANAGEMENT Information																			
Employee's Name (Last, First, MI): Imran, Hamzah Employee Contact Info (phone/email): (416) 676 - 8812 himran02@uoguelph.ca		Manager's Name (Last, First, MI): Bastia, Pushpinder Phone & email: pushpinder.bhatia@combined.com																				
Position: IT Intern		Title: Assistant Vice President, Information Technology																				
Assigned Work Telephone: n/a	Floor: n/a		CHECK BOX (X) STANDARD OFFICE HOURS MON/FRI 6A-8P. 9 am to 5 pm Indicate Additional Hours (i.e., Average Monthly Calendar) <table border="0"> <tr> <td>Sun</td> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> <td>Fri</td> </tr> <tr> <td>Sat</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>N/a</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Sun	Mon	Tues	Wed	Thurs	Fri	Sat						N/a					
Sun	Mon	Tues	Wed	Thurs	Fri																	
Sat																						
N/a																						
CHUBB Office Location (Building/City/State): Head office (150 Commerce Valley Dr W Suite 700, Thornhill, ON)																						
Employer: Chubb ___yes___ Contractor/Vendor _____																						
Contracting Company (If applicable):																						
Reason for Request: New ___yes___ Lost _____ Missing _____ Damage _____ Name Change _____ Other _____		Indicate other sites for access: Site(s): N/a																				
Emergency Contact: Name: Farah Imran Phone: (905) 813 8028 E-mail: farahimran10@hotmail.com Relationship: mother																						
SECURITY USE: ACCESS CARD ISSUE DATE: 12/5/2025 is when my internship starts.		Comment: N/a																				

The access card issued will not be used by anyone other than the card holder. The card will be returned to the respective manager, Human Resources or Security upon long term leave (e.g., FMLA), suspension or termination of employment. The Card



holder must immediately report her/his missing, lost or stolen access card to [Security Access Requests](#) or [Global Security Operations Center - No Reply](#).

Access Card Holder Signature*: Hamzah _____

Date: 11/4/2025

**When submitting for via email, please type name in lieu of signature*

A handwritten signature in blue ink that reads "Hamzah". The signature is stylized with a cursive-like flow and a horizontal line underneath.