



**SOUTH AFRICAN DIAMOND AND
PRECIOUS METALS REGULATOR**

EMPLOYEE KEY REQUEST FORM

Please complete the request form and return it to security department before the key request can be processed.

Office Name Occupant Tshepo Seasebo Division: ICT

(Please print Name & Surname)

Reason for key request:

Requesting access to the office of Tshepo Seasebo to retrieve a PN7522W stylus
pen for Joseph Morole

List of Document or Item taken/ removed: PN7522W stylus pen

Reason for removal: Pen is to be allocated to the user

Confirmation from the Occupant

YES ✓	NO
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Please tick

Lithi Mgwebi

11/07/2024

Employee Name & Surname

Signature

Date

****The employee to whom the key is issued must sign for it. Employee accepts responsibility for lost or stolen keys**

Divisional Manager: Tshepo Seasebo

Authorization

(Please print Name & Surname)

Signature: p.p

Date: 11/07/2024

SECURITY RISK MANAGEMENT DIVISION (FOR OFFICE USE ONLY)

Name of Protection Officer: _____

Signature: _____

Date: _____

N.B The Office Occupant should be informed before/ after by the person who accessed the office.