

ID MAINTENANCE FORM

User Name : _____ (As per NRIC/Passport)	Contact No : _____
NRIC/Passport No : _____	PF No. : _____
Email Address : _____	Designation : _____
	Department/Unit : _____

Type of request

<input type="checkbox"/> Create New ID	<input type="checkbox"/> Additional Functions	<input type="checkbox"/> Delete ID
<input type="checkbox"/> Reset Password	<input type="checkbox"/> Update User Information	<input type="checkbox"/> Activate ID

System / Application

<input type="checkbox"/> Tc Lite / Tc Pro	<input type="checkbox"/> SARA	<input type="checkbox"/> DCS	<input type="checkbox"/> WMS
<input type="checkbox"/> J-Trader	<input type="checkbox"/> DBOS	<input type="checkbox"/> BMS	

Access Right

<input type="checkbox"/> Sample ID (User ID) :	_____
<input type="checkbox"/> Group :	_____

**For ID creation, please state sample ID (other user's ID that has same access rights as needed by requestor). It subject to approval by System Owner.*

Reason / Remark

Requested by,

Name : _____	Date : _____
Designation : _____	

FOR OFFICE USE

APPROVED BY,

UPDATED BY,

Signature
Name & Designation

Date

Signature
Name & Designation

Date