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|  |  | **IBEDC** | | | | | | | | | | | | | |  |
|  |  | **APPLICATION ACCESS REQUISITION FORM** | | | | | | | | | | | | | |  |
|  |  | √√  **OLD STAFF**  **NEW STAFF** | **CORPER** | **THIRD PARTY** |  | |  |  | |  | | |  | | | |
|  |  |  |  |  |  | |  | **REF. NO: - IBEDC/IT/AA/002** | | | | |  | | | |
|  |  |  |  |  |  | |  |  | | 11436813 | | |  | | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | **DATE:** | 01/12/2022 | | | **STAFF ID:** | | |  | | |  | | | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | **FULL NAME:** *(first/middle/surname)* | THEOPHILUS CHUKWUMA EZE | | | | | | | | | | | |  | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | **EMAIL** | Theophilus.eze@ibedc.com | | | | | | | | | |  | | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | **PHONE NUMBER** | 08106130320 | | | | | | | | | |  | | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | **DIVISION:** | METER MONITORING | | | | | | | | | | |  | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | **DEPARTMENT:** | ASSET&REVENUE PROTECTION | | | | | | | | | |  | | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | **LOCATION:** | MOLETE BUSINESS HUB | | | | | | | | | |  | | | |
|  |  | **ACCESS LEVEL (Tick “Y” or “N” according to the guide below)** | | | | | | | | | | | | | |  |
|  | S/N | **APPLICATION** | **USER** | **APPROVAL** | **VIEWER** | | **ADMIN** | **SUPPER ADMIN** | | **REMARKS** | | |  | | | |
|  | 1 | SAGE X3 |  |  |  | |  |  | |  | | |  | | | |
|  | 2 | PAYROLL |  |  |  | |  |  | |  | | |  | | | |
|  | 3 | CRM |  |  |  | |  |  | |  | | |  | | | |
|  | 4 | MSMS |  |  |  | |  |  | |  | | |  | | | |
|  | 5 | EDMS |  |  |  | |  |  | |  | | |  | | | |
|  | 6 | ECMI |  |  |  | |  |  | |  | | |  | | | |
|  | 7 | EMS |  |  |  | |  |  | |  | | |  | | | |
|  | 8 | DATA WAREHOUSE |  |  |  | |  |  | |  | | |  | | | |
|  | 9 | INTRANET |  |  |  | |  |  | |  | | |  | | | |
|  | 10 | HELPDESK |  |  |  | |  |  | |  | | |  | | | |
|  | 11 | CALL CENTER (3CX) |  |  |  | |  |  | |  | | |  | | | |
|  | 12 | ACE VERIFIER |  |  |  | |  |  | |  | | |  | | | |
|  | 13 | EMAIL |  |  |  | |  |  | |  | | |  | | | |
|  | 14 | AMI |  |  |  | |  |  | |  | | |  | | | |
|  | 15 | LMS |  |  |  | |  |  | |  | | |  | | | |
|  | 16 | ESS |  |  |  | |  |  | |  | | |  | | | |
|  | 16 | OPS MANAGER | YES | YES | YES | | YES | YES | |  | | |  | | | |
|  | 17 | GIS |  |  |  | |  |  | |  | | |  | | | |
|  | 18 | BI |  |  |  | |  |  | |  | | |  | | | |
|  | 19 | PSMS |  |  |  | |  |  | |  | | |  | | | |
|  | 20 | AMR |  |  |  | |  |  | |  | | |  | | | |
|  | 21 |  |  |  |  | |  |  | |  | | |  | | | |
|  |  |  | **NOTE:** | | | | | | | |  | | | | |  |
|  |  | ***USER*** | Y | N | Y | | Y | N | |  | | |  | | | |
| Approved by IT |  | ***APPROVAL*** | N | Y | Y | | N | N | |  | | |  | | | |
|  |  | ***ADMIN*** | Y | N | Y | | Y | N | |  | | |  | | | |
|  |  | ***SUPPER ADMIN*** | Y | N | Y | | Y | Y | |  | | |  | | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
|  |  | PREPARED BY: | FASOLA SEMIU OLADIMEJI |  |  | |  |  | |  | | |  | | | |
|  |  | APPROVED BY: |  |  |  | |  |  | |  | | |  | | | |
|  |  |  |  |  |  | |  |  | |  | | |  | | | |
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