USER ID REQUEST FORM (Issuance and Termination)

Alloy Mtd Group of Companies
IT Department
Tel : +603-6195 1111
Fax : +603-6187 8006

Date : _____   Request for ID Issuance [ ]

Date : _____   Request for ID Termination [ ]

Requestor (Tick Where Applicable)

Full Name : _____

Company Name : _____

Department : _____

Designation : _____

Phone No : _____   Extension : _____

Permanent Staff	
Contract / Temporary Staff	

ID Issuance

System

Windows		Email		Internet *	
Email					

Internet Access Justification (Subject approval from Deputy President and COO)

Application

IFCA		JDE	
ACCPAC		Orisoft	
BOS		Atcom	
ACCPAC		FACT	
Orisoft		*Others	

_____
_____
_____
_____
_____

Requested by

_____
Signature (Applicant)
Date :

Recommended by

_____
Signature (Immediate Supervisor)
Date :
Name :

Approved by

_____
Signature (HOD)
Date :
Name :

ID Termination

Effective Date : _____

Recommended by

_____
Signature (Immediate Supervisor)
Date :
Name :

Approved by

_____
Signature (HOD)
Date :
Name :

Remarks:

_____
_____
_____
_____

Group IT Department Use - Internet Access Requisation

Recommended / Not Recommended by   **Remarks:**

_____
Signature (Head of IT Department)
Date :

Approved / Not Approved by

_____
Signature (Deputy President and COO)
Date :

Group IT Department Use - ID Issuance

Approved by

_____
Signature (Head of IT Department)
Date :

Created by

_____
Signature (Systems Admin)
Date :
Name :

Remarks:
Organisation Unit (OU)

_____
_____

Configured by

_____
Signature (Systems Support)
Date :
Name :

Group IT Department Use - ID Termination

Approved by

_____
Signature (Head of IT Department)
Date :
Name :

Terminated by

_____
Signature (Systems Admin)
Date :
Name :

Remarks:

_____
_____

Removed by

_____
Signature (Systems Support)
Date :
Name :

Acknowledge Acceptance of Password

I have read and understood the **Acceptable use of IT Facilities Policy**. I am also bound by the **Letter of Undertaking and Indemnity** that governs and regulates my use
of AlloyMtd computing and network facilities.

_____
Signature
Date :

Name :

User ID : _____

Email : _____