



Data Recovery Requisition Form

Date: _____

Requestor (Tick applicable)

Full Name : _____
Company Name : _____
Department : _____
Designation : _____

General

Mailbox	
Network Drive (H Drive)	
Network Drive (I Drive)	

Operating System / Application Database

Exchange	
AD	
BOSS	
IFCA	
FACT	
SAGE	
Orisoft	
MBA	
Others**	

Justification

Requested By

Signature (Applicant)
Date:

Recommended by

Signature (Immediate Supervisor)
Name:
Date:

Approved by

Signature (HOD)
Name:
Date:

Group IT Department Use

Approved / Not Approved

Signature (Head of IT Department)
Name:
Date:

Restored by

Signature (System Administrator)
Name:
Date:

Notes

Acknowledge Acceptance of Data

I hereby acknowledge that all data have been recovered accordingly.

Signature
Name:
Date: