



MTD Group of Companies  
Group IT Department  
(Tel): 03 – 6195 1111  
(Fax): 03 – 6188 0101

## Data Recovery Requisition Form

Date: \_\_\_\_\_

### Requestor (Tick applicable)

Full Name : \_\_\_\_\_  
Company Name : \_\_\_\_\_  
Department : \_\_\_\_\_  
Designation : \_\_\_\_\_

#### General

Mailbox	<input type="checkbox"/>
Network Drive ( H Drive )	<input type="checkbox"/>

#### Operating System / Application Database

Exchange	<input type="checkbox"/>
AD	<input type="checkbox"/>
CG Suite	<input type="checkbox"/>
IFCA	<input type="checkbox"/>
FACT	<input type="checkbox"/>
ACCPAC	<input type="checkbox"/>
Atcom	<input type="checkbox"/>
Orisoft	<input type="checkbox"/>
Others**	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

#### Justification

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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: