SYSTEM ACCESS REQUEST FORM

HorseInsure Pty Ltd

REQUESTOR DETAILS

Requestor Name:	_____	**Date:**	_____
Department:	_____	**Employee ID:**	_____
Line Manager:	_____	**Email:**	_____

SYSTEMS REQUESTED (Check All That Apply)

- ■ EquiClaim (Claims Management)
- ■ EquiPolicy (Policy Administration)
- ■ EquiQuote (Underwriting)
- ■ Microsoft 365 (Email/Teams)
- ■ Azure AD (Directory Services)
- ■ Salesforce (Customer Portal)
- ■ SAP Finance (Financial System)
- ■ Other: _____

ACCESS LEVEL REQUIRED

- ■ Read-Only (view data only)
- ■ Read/Write (create and modify data)
- ■ Administrator (system administration)

BUSINESS JUSTIFICATION

Please explain why this access is required:

APPROVALS

Line Manager Approval:	Name: _____	Date: _____
	Signature: _____	
System Owner Approval:	Name: _____	Date: _____
	Signature: _____	
IT Security Approval:	Name: _____	Date: _____
	Signature: _____	

NOTE: This form does not include access review or expiry date fields. Access will be reviewed on an annual basis.