

## BCX\_MAC Wireless Access Request Form

		Call No.	
Requester's Information	on		
* NAME	Roger	* <u>Date Service Required</u>	
* SURNAME	Hobbs	Contact Telephone No	
* EMPLOYEE NO.	8404025055084	Mobile Number	062 922 6688
* Business Area		Alternative Contact No.	
* Location	Centurion	* Cost Centre Code	CD1400
Request for access to	BCX_MAC Wireless Ne	etwork	
* Africa\Domain User			
	TEST PROPERTY.		
ATT	ica\rogerh		
Legend: Fields mark with "*	" are required and no reques	sts will be attended to if these fields a	re empty.
by accessing the BCX	10665	to utilise any of the ICT Services the same.  Date	rledge and understand that s, that I agree to adhere to
Manager Approval			
I confirm the User is ur if the User no longer re	nder the employ of BCX a equires of any of the above	and further undertake to inform Eve-mentioned services.	BCX Internal IT immediately
Manager's Name (Prin	ted):	Maserwita	
Manager's Signature:		<u> </u>	я ———
Designation:			
	2020102/2	-7-	
Date:	00000000	20 000	

Owner: Manager: BCX Internal IT

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Date: 2018/09/13