

User(s) Registration Request Form

The fields marked with a * are compulsory fields.

1. Employee Information

Ref-N:

User Name* : _____
 Department/Function* : _____ Location* : _____
 Date on Board* : _____ Position* : _____

2. Request Details

Application Name*		Application Name		Application Name	
1. SAP	<input type="checkbox"/>	2. Dropbox	<input type="checkbox"/>	3. WhatsApp	<input type="checkbox"/>
4. MYOB	<input type="checkbox"/>	5. Viber	<input type="checkbox"/>	6. Telegram	<input type="checkbox"/>
7. Server Access**	<input type="checkbox"/>	8. Line	<input type="checkbox"/>	9. Microsoft Visio	<input type="checkbox"/>
10. New email <input type="checkbox"/> Or Existing email <input type="checkbox"/> Please specify _____			11. Other _____ <input type="checkbox"/>		

3. State reasons / business justification of request* :

Signatures*

Head Of Department *

HR Department*

Acknowledgement by IT *

 (Name & Signature)

 (Name & Signature)

 (Name & Signature)

Date:

Date:

Date:

For IT Only:

IT Support	Description	Signature & Date
Software Installed:		User Acceptance Form Sign <input type="checkbox"/>

** User account for accessing server.

User(s) Registration Request Form

The fields marked with a * are compulsory fields.

1. Requestor Information

Ref-N:

Requestor Name* : Location:
E-mail : Department/Function:
New User : Replace User:

2. Request Details

Equipment Item *	Qty	Equipment Item *	Qty
Desktop Computer <input type="checkbox"/>		LCD Monitor <input type="checkbox"/>	
Laptop Computer <input type="checkbox"/>		LCD Projector <input type="checkbox"/>	
Printer <input type="checkbox"/>		Other item <input type="checkbox"/>	

Accessories Item *	Qty	Accessories Item *	Qty
Thumb drives (USB) <input type="checkbox"/>		Phone Line <input type="checkbox"/>	
Desk Phone <input type="checkbox"/>		External Hard Drive <input type="checkbox"/>	
Network Cable <input type="checkbox"/>		Other item <input type="checkbox"/>	

3. Budgeted:* ☐ Yes / ☐ No, Please specify:.....

Estimate cost for above US\$
Item(s) :

4. Business Justification*

Signatures*

Head Of Department *

HR Department*

Finance Director*

(Name)

(Name)

(Name)

Date:

Date:

Date: