



ICT EQUIPMENT REQUEST FORM

REQUESTOR'S DETAILS			
PERSAL No		Office Location and No	
First name		Surname	
Directorate		Position	
Office Tel. Number		Cell no.	

Application Type	<input type="checkbox"/> New Request	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Loan			
Asset Type	<input type="checkbox"/> Laptop	<input type="checkbox"/> Desktop	<input type="checkbox"/> Ext Drive	<input type="checkbox"/> Printer	<input type="checkbox"/> Projector	<input type="checkbox"/> iPad	<input type="checkbox"/> Other

Motivation

Please provide a brief motivation for the request:

Requirement

PERSAL [<input type="checkbox"/>] BAS [<input type="checkbox"/>] LOGIS [<input type="checkbox"/>] OTHER [<input type="checkbox"/>]	If Other explain below:
---	-------------------------

Applicant Signature

_____ Surname and Initial	_____ Signature	_____ Date
------------------------------	--------------------	---------------

Supervisor

_____ Surname and Initial	_____ Signature	_____ Date
------------------------------	--------------------	---------------

SMS/CHIEF DIRECTOR/HOD

_____ Surname and Initial	_____ Signature	_____ Date
------------------------------	--------------------	---------------