

Directorate of Information Management Services

Tyamzashe Building | Civic Square | Bhisho | 5605 P/Bag X0035 | Civic Square | Bhisho | 5605 Tel: +27 (0)40 609 5207 / 5380 | Fax: +27 (0)40 609 5371

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		New 1	Request	Replac	Replacement			Loan		
Asset Type	Laptop	Desktop	Ext Drive	Printer	Proj	ector	IPad	Other		
Motivation										
Please provide a brief motivation for the request:										
Requirement										
PERSAL []	If Othe	er eplain belov	w:							
BAS []		or opium coro								
LOGIS []										
OTHER []										
Applicant Sign	ature									
Surname and Ini	itial		Signature			Date	<u> </u>			
Supervisor										
Surname and Ini	 itial		Signature			Date				
Surname and m	itiai		Signature			Daic	·			
SMS/CHIEF DIRECTOR/HOD										
						l				
Surname and In	itial		Signature			Date	2			

