

USER REGISTRATION FORM

1. Applicant *(This section must be completed by the applicant and signed by the supervisor and the Senior Manager /GM or SG)*

2.1 Requested by (Surname and First)

2.2 Applicant Persal Number

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2.3 Applicant Contact Details

2.3.1 Phone

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2.3.2 Room Number

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2.3.3 Cell

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2.3.4 Job Title:

2.4 Applicant Directorate/ Sub Directorate:

2.4 Applicant Directorate/ Sub Directorate

2.5 Applicant Signature:

Date:

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2.6 Applicant Supervisor

Surname & Initial:

Signature:

Date:

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2.7 SMS/GM/HOD

Surname & Initial:

Signature:

Date:

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3. USER RIGHTS / PERMISSIONS

Please select an option of the reason for modification and provide a brief description of the change that needs to be effected.

BAS:

PERSAL:

OFFICE USE ONLY

Date Created

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Created by:

Comment:

Signature:

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Please Read: The original signed request must be submitted to the office of the DGITO, 1st floor, West Wing of this department. Should you have any problems with the completion of this request, feel free to contact the IT helpdesk on extension 7442 or 7244