



**SYSTEM ACCOUNT REQUEST FORM**  
**SAINS Call Centre (24 x 7) Tel:** 1-300-88-SAINS or 1-300-88-7246, **Fax:** 082-442522,  
**Email:** [callcentre@sains.com.my](mailto:callcentre@sains.com.my) , **Online:** <http://callcentre.sains.com.my>

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**Version:** 2.0

**Form No.:**  
PPC FR-07/2007

(A) Account Holder Details (Type or write in block letters)		(B) Type of Request (Tick ✓ where applicable)			
Full Name		New [ ]	Delete [ ]	Modify [ ]	Password Reset [ ]
Agency & Section		Current User ID (For modification / deletion)			
NRIC		Preferred User ID (Max of 8 letters – for new account)			
Designation		SAINS Administrator reserves the right to change the Preferred User ID if it is not available.			

(C) New/Delete/Modify - System Account				
<i>Note: Not Applicable for SITRC funded system account; please refer to Agency CIO/ACIO for ICT-RMS online submission.</i>				
No	System / Application Name	Tick (✓) where applicable	Remarks / Role Required	Call Centre Internal Use – CATS Docket
1	SarawakNet Account Access (no mailbox)	[ ]		
2	SarawakNet Email Account	[ ]		
3	Internet Proxy Account	[ ]		
4	SarawakNet Mailbox Capacity	[ ]	Upgrade current quota to [ ] MB	
5	Webhosting Ftp account	[ ]		
6	Webhosting Email account	[ ]		
7	Webhosting Account Capacity	[ ]	Upgrade current quota to [ ] MB	
8	Others, please specify	[ ]		
9		[ ]		
10		[ ]		

(D) Password Reset - System Account				
<i>Note: Only Account Holder himself/herself can apply for any System password resetting. For this request, please sign on Section (F).</i>				
No	System / Application Name	Tick (✓) where applicable	Remarks	Call Centre Internal Use – CATS Docket
1	SarawakNet Email Account	[ ]		
2	Others, please specify	[ ]		
3		[ ]		
4		[ ]		

(E) New/Delete/Modify - Endorsement		(G) SAINS Call Centre Internal Use Only	
Requester Name (If any)		SAINS Ref : [ D ] [ D ] [ M ] [ M ] [ Y ] [ Y ] [ N ] [ N ] [ N ] [ N ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
Date:		Processed By: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Verified By: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
(Head of IT/ Head of Agency Signature) Name: Date:	AGENCY STAMP	Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
(F) Password Reset - Endorsement			
(Account Holder Signature) Name: Date:		(Signature) (Signature)	