

SYSTEM ACCOUNT REQUEST FORM
SAINS Contact Centre (24 x 7) Tel: 1-300-88-SAINS or 1-300-88-7246, Fax: 082-442522,
Email: callcentre@sains.com.my online: <a href="http://callcentre.sains.com.my">http://callcentre.sains.com.my</a>

Date: 01/03/2017 Version: 3.0 Form No.: PPC FR-07/2007

									,	Ref: SC		/[	
Par	t A: Account Hold	ler Det	ails (Ty	e or wi	rite in b	lock le	tters)						NA TY
Full Name (as in IC / passport								Agency &	Section	n			
NRIC/Passport						Designation							
	t B: System Acco	unt De	tails (Ti	ck √ wh	ere app	olicable	<del>)</del>						
	e of Request					Nesteral State of the			1 6-	guester Name			
Current Email/LDAP ID													
Preferred Email/LDAP ID (for new account)								inistrator reserv ed ID if it is not		t to			
App	olication Account										cy CIO/ACIO	for	
161	-RMS online sub	nissioi	1 to sub	mit the			Request	аррисацоп	user	iccount)			
No. Application Name				T			T			Remarks			
			Nev	Modify	y Delete	Activat	e Password Reset						
1.	Sarawaknet Email Account,     If others: please specify			] [ ]	[ ]	[ ]	Name:	[ ] nt Holder Sign	ature)	Is the Email Content to be transferred from old Email to new Email Account? (for deletion of account only)  Tyes TNo  If Yes, please specify a new email account (Sarawaknet, State Statutory Bodies and State Local Authorities Email Only)			
2.	Sarawaknet Account Access (no mailbox)/LDAP ID			] [ ]	[ ]	[ ]	(Accou	int Holder Sign	ature)				
3.	Bulk Email			] [ ]	[ ]					Start Date:	//_ End Da	ate:/_	
4.	Sarawaknet Mailbox Capacity			[ ]					[ ] Upgrade / [ ] Downgrade Current Quota to [ ] MB				
5.	Internet Proxy Account			] [ ]	[ ]								
It is	rt C: System Own s the responsibility ocessed by the SA	ty of th	e reque ontact (	entre.	get the	approt				nly the comp			
No.	Application	Тур		f Request		of		roval Status Not		System Owner  Name Signature Date Time			
	Name	New	Modify	Delete	Remai		proved	Approved	KIV	Name	Signature	[DD/MM/YY]	[HH:MM]
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7.	marks, if any:	[ ]	[ ]	LJ			[ ]	L J	[ ]				_:_
I he	rt D: Head of IT/Hereby confirm that to	he abov	e inform	ation is (	complete		ccurate.	ncomplete fo	orm will	not be accept	ed for process		
Name: Designation: Date: : _/_/											***************************************		