sains®	**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: http://callcentre.sains.com.my	**Date: 01/03/2017** **Version: 3.0** **Form No.:** PPC FR-07/2007

Ref: SC [ ][ ][ ][ ][ ] / [ ][ ]

Part A: Account Holder Details (Type or write in block letters)

Full Name *(as in IC / passport*		Agency & Section	
NRIC/Passport		Designation	

Part B: System Account Details (Tick √ where applicable)

Type of Request

Current Email/LDAP ID	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Requester Name	
Preferred Email/LDAP ID *(for new account)*	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	*Note : SAINS Administrator reserves the right to change the preferred ID if it is not available*	

Application Account *(Note: Not Applicable for SITRC funded application. Please refer to Agency CIO/ACIO for ICT-RMS online submission to submit the request to create the application user account)*

No.	Application Name	Type of Request					Remarks
		New	Modify	Delete	Activate	Password Reset	
1.	Sarawaknet Email Account, If others: please specify ----------	[ ]	[ ]	[ ]	[ ]	[ ] ---------- **(Account Holder Signature)** **Name:** **Date:** __/__/__ DD MM YY	Is the Email Content to be transferred from old Email to new Email Account? (*for deletion of account only)* ☐ Yes ☐ No 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	[ ]	[ ]	[ ]	[ ]	[ ] ---------- **(Account Holder Signature)** **Name:** **Date:** __/__/__ DD MM YY	
3.	Bulk Email	[ ]	[ ]	[ ]			Start Date: ___/___/___ End Date: ___/___/___
4.	Sarawaknet Mailbox Capacity		[ ]				[ ] Upgrade / [ ] Downgrade Current Quota to [ ] MB
5.	Internet Proxy Account	[ ]	[ ]	[ ]			

Part C: System Owner Approval

It is the responsibility of the requester to get the approval from System Owner. Only the completed form will be processed by the SAINS Contact Centre.

No.	Application Name	Type of Request			Type of Role / Remarks	Approval Status			System Owner			
		New	Modify	Delete		Approved	Not Approved	KIV	Name	Signature	Date [DD/MM/YY]	Time [HH:MM]
1.	TALIKHIDMAT	[ ]	[ ]	[ ]		[ ]	[ ]	[ ]			__/__/__	__:__
2.		[ ]	[ ]	[ ]		[ ]	[ ]	[ ]			__/__/__	__:__
3.		[ ]	[ ]	[ ]		[ ]	[ ]	[ ]			__/__/__	__:__
4.		[ ]	[ ]	[ ]		[ ]	[ ]	[ ]			__/__/__	__:__
5.		[ ]	[ ]	[ ]		[ ]	[ ]	[ ]			__/__/__	__:__
6.		[ ]	[ ]	[ ]		[ ]	[ ]	[ ]			__/__/__	__:__
7.		[ ]	[ ]	[ ]		[ ]	[ ]	[ ]			__/__/__	__:__

Remarks, if any:

Part D: Head of IT/Head of Agency/Office Endorsement

I hereby confirm that the above information is complete and accurate. Incomplete form will not be accepted for processing.

(Head of IT/Head of Agency/Office Signature)

Name: **Designation:** **Date:** : __/__/__ DD MM YY

AGENCY STAMP