

FILL IN COLUMNS MARKED WITH RED TICK



System Account Request Form

Date: 10/09/2024
Version: 1.1
Document No.: SAINS-CORP-FR-031

Ref: SC /

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

Full Name <i>(as in IC / passport)</i>	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 <i>(for new account)</i>	<i>Note : SAINS Administrator reserves the right to change the preferred ID if it is not available. ID is limited to 20 characters.</i>

No.	Application Name	Type of Request					Remarks
		New	Modify	Delete	Activate	Password Reset	
1.	Sarawaknet Email Account, If others: please specify @nreb.gov.my	[]	[]	[]	[]	[✓]	Is the Email Content to be transferred from old Email to new Email Account? <i>(for deletion of account only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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	[]	[]	[]	[]	[]	
3.	Sarawaknet Mailbox Capacity		[]				[] Upgrade / [] Downgrade Current Quota to [] MB
4.	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.		[]	[]	[]		[]	[]	[]			___/___/___	__:__

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	
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PDPA Consent Clause

By filling in this form, you agree that SAINS may collect, use or disclose your personal data, which you have provided in form, for data processing and related purpose in accordance with the Personal Data Protection Act 2010 and our [Privacy Policy](#) on our website www.sains.com.my.