

PERMOHONAN RESET PASSWORD E-MEL

SILA ISI YANG DITANDA ANAK PANAH

DAN FAX KE 082-312800 (ICT UNIT)

	System Account Request Form	Date: 16/09/2019
		Version: 1.0
		Control No.: SAINS-QMS-FR-019

** This form is to be used by SAINS Customer

Ref: SC /

Part A: Account Holder Details (Type or write in block letters)			
Full Name (as in IC / passport)	<input type="text"/>	Agency & Section	<input type="text"/>
NRIC/Passport	<input type="text"/>	Designation	<input type="text"/>

Part B: System Account Details (Tick ✓ where applicable)			
Type of Request			
Current Email/LDAP ID	<input type="text"/>	Requester Name	<input type="text"/>
Preferred Email/LDAP ID (for new account)	<input type="text"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Email Content to be transferred from old Email to new Email Account? (for deletion of account only) <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)	
						(Account Holder Signature) Name: <input type="text"/> Date: <input type="text"/>		
2.	Sarawaknet Account Access (no mailbox)/LDAP ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Account Holder Signature) Name: <input type="text"/> Date: <input type="text"/>	
3.	Bulk Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Start Date: <input type="text"/> End Date: <input type="text"/>	
4.	Sarawaknet Mailbox Capacity		<input type="checkbox"/>				<input type="checkbox"/> Upgrade / <input type="checkbox"/> Downgrade Current Quota to <input type="text"/> MB	
5.	Internet Proxy Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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: <input type="text"/> Designation: <input type="text"/> Date: <input type="text"/>	
---	---

SAINS Contact Centre (24 x 7) Tel: 1-300-88-SAINS or 1-300-88-7246, Fax: 082-442522,

Email: contactcentre@sains.com.my, Online: <http://callcentre.sains.com.my>

