

System Account Request

Date: 08/10/2025

Version: 1.2
Document No.: SAINS-CORP-FR-031

																Ref: SC /					
Par	t A: Account Hold	er Det	ails (Тур	e or	wr	ite i	n b	loc	k let	ters)										
Full Name (as in IC / passport)						Agency & Section									n						
NRIC/Passport					Des										nation						
	t B: System Acco	unt De	tails	(Tic	k√ı	whe	ere a	арр	lica	able)											
Тур	e of Request		I																		
Current Email/LDAP ID				Re													Name				
Preferred Email/LDAP ID (for new account)													e : SAINS Administrator reserves the right to nge the preferred ID if it is not available. ID is ted to 20 characters.								
				Type of Request																	
No. Application Name			ı	New	Мо	dify	Del	Delete A		ivate	Password Reset				Remarks						
1.	Sarawaknet Email Account, If others: please specify]	[]	[]	[]	(Acco	[]				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					
											Name: Date: _/_/_ DD MM YY					Authorities Email Only)					
Sarawaknet Account Access (no mailbox)/LDAP ID			s []] []]]	[]	'	[] (Account Holder Signature)									
											Date: _/_/_										
3.	Sarawaknet Mailbox Capacity			[]												[] Upgrade / [] Downgrade Current Quota to [] MB					
Internet Proxy Account			ı	[] []				[]													
Par	t C: System Owne	r App	roval																		
It is	the responsibility	of the	e requ re.	uest	ter t	o g	et tl	he a	арр	rova	l from	Syste	ет Ои	/ne	r. Or	nly the c	omple	ted form w	ill be pro	cessed	
	Application	Тур	e of F	f Request			Type of				Approval Status		;			System Owner					
No.			Modi	odify Delete		te	Role / Remarks			App	roved		Not Approved		KIV	Nan	ne	Signature	Date [DD/MM/YY]	Time [HH:MM]	
1.	TALIKHIDMAT	[]	[]	[]]				[]]]	[]				_/_/_	_:_	
2.		[]	[1	[]	1				[]] []	[]				_/_/_	:	
3.		[]	[]	[]]				[]	[]	[]				_/_/_	:	
Rer	Remarks, if any:																				
Part D: Head of IT/Head of Agency/Office Endorsement																					
I he	reby confirm that the	e abov	e info	mati	ion i	s co	omp	lete	and	daco	urate.	Incom	olete fo	rm	ı Iliw	not be ac	cepted	for process	ing.		
(He	ad of IT/Head of A	/Offic	ffice Signature)														AGENCY STAMP				
Name:			Des	igna	tion	ı:						Date : : / / /				-					



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PDPA Consent Clause

By submitting this form, you consent to SAINS collecting, using, and disclosing your personal data provided herein for data processing and related purposes, in accordance with the Personal Data Protection Act 2010 [Act 709], the Personal Data Protection (Amendment) Act 2024 [Act A1727], and our Privacy Notice available at https://www.sains.com.my.