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		/ <u> </u>	
Par	t A: Account Hold	der Det	ails	(Тур	e or v	vri	te in l	bloc	k let	ters)								
Full Name (as in IC / passport											Ag	ency & Section 🗸						
NRIC/Passport /											De	signa	tion	/				
	t B: System Acco	unt De	tails	(Tic	k√w	he	re ap	plic	able)		500		Wat			E HARD		
Тур	e of Request		_					Sell le			No.		7				E-B.Mar	
Cui	rent Email/LDAP	ID 🗸											Re	quester Nar	ne			
	ferred Email/LDA new account)	P ID										e : SAINS Administrator reserves the right to inge the preferred ID if it is not available. ID is ted to 20 characters.						
								Тур	of R	equest								
No.	No. Application Name			New Modify			Delete	Act	ivate	P	assword Reset			Remarks				
1.	Sarawaknet Email Account, If others: please specify @nreb.gov.my				[]	[]	[]	Name:	•	er Sigi	 nature)	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)				
Sarawaknet Account Access (no mailbox)/LDAP ID			s	[]	[]	[]]	1	Name: Date:	Int Hold		nature)	f. Illano	de / L. Douges			
3.	Sarawaknet Mailbox Capacity				[]								[] Upgrad Current Quot				
4.	4. Internet Proxy Account				[]	[]											
	t C: System Own														THE SECTION		E YEL	
	the responsibilit			ques	ter to	ge	et the	app	rova	l from	Syste	m Ov	ner. O	nly the con	npleted form w	vill be pro	cessed	
			Requ	est	T	Туре	of		Apı	oroval	roval Status			System O	System Owner			
No.	Application Name	New	Mod		Delete		Rol	e/	Арр	roved	Appr	ot oved	KIV	Name	Signature	Date [DD/MM/YY]	Time [HH:MM]	
1.	TALIKHIDMAT	[]	[]	[]	T			1]	[]	[]			_/_/_	_:_	
2.		[]	[]	[]	T			[]	[]	[]			_/_/_	_:_	
3.		[]	[]	[]	T			[]	[]	[]			_/_/_	_:_	
Rer	marks, if any:	•																
Par I he	t D: Head of IT/He reby confirm that th	ead of A	Ager e info	ncy/(ormat	Office ion is	co	ndors	eme e an	ent d acc	urate. I	ncomp	lete fo	orm will	not be acce	pted for process	sing.		
 (He	ad of IT/Head of A	Agency	/Off	ice S	 ignat	- ur	e)								AGENCY	STAMP		
Naı	ne:	ation:						Date	: : DI	<u>Y</u>	***************************************							

SAINS Contact Centre (24 x7) Tel:1-300-88-7246, Fax:082-442522, Email: contactcentre@sains.com.my, Online: https://contactcentre.sains.com.my Page 1 of 4



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	9																	Ref: S	С			
Par	t A: Account Hold	ler Det	ails	(Ту	рe	or v	vri	te i	n b	loc	k le	ette	rs)									
Full Name (as in IC / passport													Ag	Agency & Section								
NRIC/Passport													De	signat	ion							
	t B: System Acco	unt De	tails	(Ti	ck	√w	he	re	арр	olica	able	e)	1.5	IAN			15					
Тур	e of Request														5.54		100					
Current Email/LDAP ID													Re				Red	quester Name				
	ferred Email/LDA	P ID															chai	e : SAINS Admii nge the preferre ted to 20 charac	d ID if it is not			
				Type of Request																		
No.	No. Application Name			New Modify			Delete		Act	ivat	te	Password Reset				Remarks						
1.	Sarawaknet Email Account, If others: please specify]	[]	1 []]		(Account Holder Signature) Name: Date: _/_/				 e)	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				[]	[]	[]	[]		Name: Date:	Int Hold	er Sign	 natur	 re)					
3.	3. Sarawaknet Mailbox Capacity					[]											[] Upgrade /		ade		
4.	Internet Proxy Account]	[]	[1													
Par	t C: System Owne	er App	rova	ıl		1			17													
It is	the responsibilit	y of the	e red re.	ques	ste	er to	g	et t	he .	app	rov	al:	from	Syste	т Оч	/nei	r. Oi	nly the compl	eted form w	rill be pro	cessed	
	Typ		e of	e of Request				Ту	Type o				Approva		oval Status			System Owner				
No.	Application Name New M			odify		Delete			Role	rks	I Am		oved	Not Approved		KIV		Name	Signature	Date [DD/MM/YY]	Time [HH:MM]	
1.	TALIKHIDMAT	[]	1]	I]						[]	[]	1]			_/_/_	_:_	
2.		[]]]		1	1					[]]]	1]					
3.		[]	[]]						[]	[]	[]			_/_/_	_:_	
Rer	marks, if any:																					
Par	t D: Head of IT/He	ad of	Agei	ncy/	Of	fice	E	ndc	rse	eme	nt											
	reby confirm that th						_		lete	an	d ac	ccu	rate. I	ncomp	iete fo	orm :	<u>will</u>	not be accepte	AGENCY			
Naı	me:		De	sign	at	ion:								Date	: : DI	/ MN	/ <u>YY</u>	7	***************************************			



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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.

Page 2 of 4 SAINS Contact Centre (24 x7) Tel:1-300-88-7246, Fax:082-442522, Email: contactcentre@sains.com.my, Online: https://contactcentre.sains.com.my