



IT DEPARTMENT

FOR IT USE ONLY

Date Received: _____

Approved By: _____

Assign To: _____

SYSTEM ACCOUNT REQUEST

Applicant's

Full Name : _____
 Section : _____
 Department : _____
 Signature : _____
 Date : _____

Staff No : _____
 Designation : _____
 Ext No : _____

Email : Yes No

PC Availability : Yes No

If Yes, PC ID : _____ (please find the label tagged at CPU or laptop)

Recommendation by Section Head and above

Superior Sign : _____
 Superior Name : _____
 Date : _____



Superior's Stamp

* By signing this sheet , you are hereby granted to use the system provided at your own discretion. User name and passwords are users full responsibilities. User is liable for any damages causes to the system resulted from the negligence and unauthorized usage of system. User are not allowed to load any unauthorized copies of software into any system and must abide all rules and regulation outlined and governed by the IT Department at all times.

* You are also agree to the policy of using computer resources belonging to company. You may read the full User Acceptance Policy, PHN/WI/IT-004 available at PHN Portal (<https://www.portal.phn.com.my>).

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User name : _____
 Effective Date : _____

Password : _____

IT Personnel

Remark :

 Name :
 Date :
