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Business Park, Corner of R44
and School Street, Stellenbosch,
7600
P O Box 12053, Die Boord,
Stellenbosch, 7613

System Access Request form

Requestor name and surname	
Role of user	
Network username/ ID number	
User email address	
Date of request	
System access is being requested eg. network drive, Dropbox	
Reason for request?	
Time access is valid for?	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> Unlimited <input type="checkbox"/> Other:
Line managers name	
Line managers - access approved	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Line managers signature	
Information asset managers name	
Information asset owner (IAO) -access approved	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> N/A
Information asset managers signature	
EXCO member's name	
EXCO - access approved	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> N/A
EXCO member's signature	
Date access activated	