



IT Email Account Request Form

- | | | |
|--|--|---|
| <input type="checkbox"/> GINTELL (M) SDN BHD | <input type="checkbox"/> GINTELL (T) CO. LTD | <input type="checkbox"/> ERACARE VIETNAM CO. LTD |
| <input type="checkbox"/> GINTELL (BORNEO) SDN BHD | <input type="checkbox"/> GINTELL (S) PTE LTD | <input type="checkbox"/> ERACARE PHILIPPINES INC. |
| <input type="checkbox"/> GINTELL REST N GO SDN BHD | <input type="checkbox"/> GINTELL (B) SDN BHD | <input type="checkbox"/> _____ |

Person request : _____ Position : _____

Department : _____ Contact : _____

Application Type:

- New Cancellation Auto-Forwarding (Duration: _____)

Email Account Type

- Department Division/Group Individual

Staff Details:

Name	
Dept./Position	
Reason	
Effective Date	
Remark	

Prepared By	Verified By	Approved By
Signature:	Signature:	Signature:
(Person Request)	Name:	Name:
Date:	Date:	Date:

FOR OFFICE USE (IT DEPARTMENT)

Received By	Settled By	Remark
Signature:	Signature:	
Name:	Name:	
Date:	Date:	