



RNG IT Email Account Request Form

Person request : _____ Position : _____
Department : _____ Contact : _____

Application Type:

- New Cancellation Auto-Forwarding (Duration: _____)

Email Account Type

- Department Division/Group Individual

Staff Details:

Name		
Emp No/Staff ID		
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:	