IT Email Account Request Form

☐ GINTELL (M) SDN BHD ☐ GINTELL (T) CO. LTD ☐ ERACARE PHILIPPINES INC.

☐ GINTELL (BORNEO) SDN BHD ☐ GINTELL (S) PTE LTD ☐ _____

☐ GINTELL (B) SDN BHD ☐ ERACARE VIETNAM CO. LTD

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:	