

**PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF EDUCATION AND CULTURE**

APPLICATION FOR E-MAIL / COMPUTER SERVICES

Section 1 (to be completed by the applicant)

First Name					Initials		
Last Name							
I.D. Number					Persal No.		
Job Title/Rank							
Component/division							
Region					District		
Circuit					School		
Town					Building		
Street Address							
Floor				Room No.			
Telephone No.				Fax No.			
PC Make and Model				Serial No.			
Operating System and Standard Services required (Mark with an X)	Win 98	<input type="checkbox"/>	Win 2000	<input type="checkbox"/>	Win XP	<input type="checkbox"/>	
	New User	<input type="checkbox"/>	E-Mail	<input type="checkbox"/>	MS Office	<input type="checkbox"/>	MS Access <input type="checkbox"/>
	Intranet	<input type="checkbox"/>	Training	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other services / Network Points or Systems (list)							

Declaration by Applicant

I hereby declare that the above particulars are true in every respect and further declare that I have read the attached Executive Information Security Policy Declaration and will adhere to Departmental policies regarding e-mail and internet usage.

Signature of Applicant

Date

Section 2 (to be completed by the Responsibility Manager)

Application authorized?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature			Date	

Section 3 (to be completed by Head: IT)

Signature			Date	
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Section 4 Remarks
