



REF #: Obtained from SITA

1. Personal Details				
First Name				
Surname				
Persal Number				
ID Number				
Head Office/ Region				
Directorate				
Office / Room Number				
Telephone				
Email				
Start Date				
End Date				
	Yes	No		
New User Registration? *1	<input type="checkbox"/>	<input type="checkbox"/>		
Profile Change? *2	<input type="checkbox"/>	<input type="checkbox"/>		
Password Reset / Re-Activate Access?	<input type="checkbox"/>	<input type="checkbox"/>		
Username				
2. Modules and Functions				
	View	Capture	Verify	Authorise
Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day to Day maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipting (Debtors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Motivation				
4. Profile - Roles				
If *1 or *2 is 'Yes' , Select Only one Profile				
<input type="checkbox"/> User	<input type="checkbox"/> HOD	<input type="checkbox"/> Minister	<input type="checkbox"/> View	

The Form must be authorised by the Head of the Section.
After Completion of the form, please forward to: Fax: (012) 337 3494/ (012) 328 3946, for Attention Mary-Jane.
Note: Please notify Information Services Desk (012 337 3155 / 2384) immediately should the above details change.

5. Applicant Signature			
Sign Here			yyyy/mm/dd
6. Approved By: Director/ Regional Office – Head of Section/ Manager at Provincial Office			
Position	Name	Sign Here	yyyy/mm/dd
7. Administrator Signature: (When Request is done)			
Name	Sign Here		yyyy/mm/dd
8. Provincial/ Regional Coordinator			
Position	Name	Sign Here	yyyy/mm/dd

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