

REF #: Obtained from SITA Call Center

| 1. Personal Details                                             |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
|-----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------|--------------------------|--------------------------------------|--------------------------|---------------------------------------------------|
| First Name                                                      |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Surname                                                         |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Persal Number                                                   |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| ID Number                                                       |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Office                                                          |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Directorate                                                     |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Office Number                                                   |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Telephone                                                       |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Email                                                           |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| Start Date                                                      |                          | YYYY / MM / DD           |                          |                                            |                          |                                      |                          |                                                   |
| End Date (For Temporary Access)                                 |                          | YYYY / MM / DD           |                          |                                            |                          |                                      |                          |                                                   |
| 2. Request                                                      |                          | New User Registration?   |                          | Profile Change?                            |                          | Password Reset / Re-Activate Access? |                          |                                                   |
| Tick Appropriate Option                                         |                          | <input type="checkbox"/> |                          | <input type="checkbox"/>                   |                          | <input type="checkbox"/>             |                          |                                                   |
| Username (Existing Users Only)                                  |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| 3. Profiles - Roles                                             |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| <input type="checkbox"/> User                                   |                          |                          |                          | <input type="checkbox"/> Executive         |                          |                                      |                          |                                                   |
| 4. System Environment                                           |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| <input type="checkbox"/> Training                               |                          |                          |                          | <input type="checkbox"/> Production (Live) |                          |                                      |                          |                                                   |
| 5. Modules and Functions – (Tick Profile Under Relevant Module) |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
| PROFILE                                                         | Asset Register           | Disposal                 | Debtors                  | Leasing                                    | Supplier Maintenance     | P A Y M E N T S                      |                          |                                                   |
|                                                                 |                          |                          |                          |                                            |                          | Rates                                | Municipal Services       | Gardening, Security, Day to Day, Cleaning, Rental |
| View                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>                          |
| Capture                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>                          |
| Verify                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>                          |
| Authorise                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>                          |
| 6. Motivation for Changes & Additions                           |                          |                          |                          |                                            |                          |                                      |                          |                                                   |
|                                                                 |                          |                          |                          |                                            |                          |                                      |                          |                                                   |

|                                                                                                    |      |           |            |
|----------------------------------------------------------------------------------------------------|------|-----------|------------|
| <b>7. Applicant Signature</b>                                                                      |      |           |            |
| Signature                                                                                          |      |           | YYYY/MM/DD |
| <b>8. Approved By: Director / Regional Office – Head of Section / Manager at Provincial Office</b> |      |           |            |
| Position                                                                                           | Name | Signature | YYYY/MM/DD |
| <b>9. Provincial / Regional Coordinator</b>                                                        |      |           |            |
| Position                                                                                           | Name | Signature | YYYY/MM/DD |

|                                                                |           |            |
|----------------------------------------------------------------|-----------|------------|
| <b>Administrator Signature (Head Office National Use Only)</b> |           |            |
| Name                                                           | Signature | YYYY/MM/DD |

Executive Grouping:

- **Ministry**
- **DG**
- **DDG**
- **CD**
- **HOD**

Completed forms should be emailed and/or Faxed to the following Contact Persons:-

|                   |                                                                                |                   |                   |
|-------------------|--------------------------------------------------------------------------------|-------------------|-------------------|
| Josbeth Mogomotsi | <a href="mailto:josbeth.mogomotsi@dpw.gov.za">josbeth.mogomotsi@dpw.gov.za</a> | Tel: 012 406 1778 | Fax: 086 276 8820 |
| Raja Gangavarapu  | <a href="mailto:ieworks.admin@dpw.gov.za">ieworks.admin@dpw.gov.za</a>         | Tel: 012 406 1742 | Fax: 086 276 8766 |

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