

KAIMOSI FRIENDS UNIVERSITY

ICT DEPARTMENT

SYSTEM ACCESS APPLICATION FORM

Access Required to System/Application New User Existing User Deletion of User NamePF.No. Full Campus Job Title Contract Employment Type: Permanent Part-Time Email: Cellphone. System(s) to Access ERP G-Suite Other Specify..... Profile Required 2..... 1..... 3......4...... Agreement conditions I, the user agree to take responsibility to assure that KAFU's information will not be disclosed to unauthorized persons. At the end of my employment or contract with KAFU, I agree to return all information to which I had access because of my position in relation to engagement with KAFU. I understand that am not authorized to use this information for my own purposes nor am I at liberty to provide this information to third parties without the express written authorization. I agree to choose difficult-to-guess password as described in the ICT policy. I agree not to share this password with any other person and I agree not to write this password. I also agree to promptly report all violations or suspected violations of information security policies to In-Charge ICT. User Signature......Date..... I am aware of the risks inherent to access level requested and agree with the terms and conditions indicated above. I also confirm that the access required is in the accordance with the user's job description. Authorizer Full Name......Signature & Stamp..... **In-Charge ICT** Name..... Signature...... Date..... Approved/Not Approved For IT Use Only (For New Users Only)

Version: A Revision: 00

Signature......Date....