

## **MANAGEMENT SERVICES DIVISION**

## REQUEST FOR VIEW/TABLE/ACCESS TO DATABASE

CUSTOMER'S INFORMATION						
Name						
Staff No					Designat	ion
Ext/Mobile					Email (@	iium)
Department/Unit					KCDIO	
DETAILS OF REQUEST						
Request Type		New		Modify		
Reason for Request ( <i>Project</i> <i>Name</i> )						
Project Approval Date						
List of data/fields required (Please attached supporting documents if applicable)						
RECOMMENDATION					RECEIVED BY MSD IT	
Head of Department/Head of Section/Head of Unit/Technical Project Manager Signature					roject	Date: Name:
Official Stamp						Service Desk ID:
FOR OFFICE USE ONLY						
Request Status		Approved		Not Ap	proved	Approved by
Reason if request is rejected						Completion Date : Signature Staff