

# **VPN ACCESS REQUEST FORM**

Complete and email to: ICTGovernance@dalrrd.gov.za

Tick appropriate option: Initial request

Extension 🗌 Personal computer 🗖

Departmental 🗌

VPN USER'S DETAILS				
Name & Surname:				
Mobile number:				
Telephone number:				
Office number:				
Email Address:				
Province:				
Project/ Service				
(the request relates to)				
DALRRD/ Service provider	DALRRD Branch &		Company name:	
(For internal users, specify Branch/	Directorate name:			
Directorate details. If service provider				
specify both branch and company)				

#### **VPN ACCESS DETAILS**

System/ Service/ Add Server Name/ IP Address:	Period:	Start date:
in Address.		End date:
Estimate usage: (daily, weekly/ monthly)	Dependency: (if any)	
During Office hours	After Office hours/ when outside office	

#### MOTIVATION WHY THE SERVICE IS REQUIRED:

**NB:** Please attach additional information if more space is required for motivation.

VPN Access Request Form

#### VPN User's signature

User's name and surname		
Signature:	Date	

## **Requester's signature**

Requestor's name and surname		
Signature:	Date	

## REQUESTOR'S SUPERVISOR/ LINE MANAGER AND APPROVAL BY OCIO:

Name and Surname (Line manager (DALRRD))		
Signature:	Date	
Name and Surname (ICT Director approval)		
Signature:	Date	

# **BACK OFFICE SIGN OFF**

Call Ref No			
VPN client setup confirmation	VPN Access Granted	Yes	No
Comments if any			
Attended by			
User Contacted	Yes	No	
Signature			
Date			