

## Application for Tecom Access Card

Date:									
Issue Card:		l Not rative		Cancelled (	Card 🔲	Addition Require	nal Acces d	ss 🛛	
Employee Details [Please PRINT]									
Surname:				First Na	First Name:				
Job Title:				Employ	Employee No:				
Department:				Teleph	Telephone No:				
Access Requirement									
Days:	Mon	Tue	Wed	Thur	Fri		Sat	Sun	
Hours: 06:00 - 18:00 18:00 - 06:00 00:00 - 24:00 Other									
Duration:	Full Time	🛛 Par	t Time		From: _		То:		
Door Nos:									
Department Head Authorisation									
Name:									
Signature:									
Recipient to Sign on Collection of Card									
Name: Telephone No:									
Signature:									
Engineering Department Use Only									
Challenger No		-							
Door Group N	o.								
User No.	Card No.				Processed By				

Note:

- 1. Application shall be forwarded to Engineering Department together with a Purchase Requisition with a valid Cost Centre & Subjective for the procurement of the Tecom Card.
- 2. For inquiries and assistance please contact Engineering Control Room on 6216 (24 hours)
- 3. For completed cards allow 3 working days
- 4. Any enquires contact ext 6216

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