



PERSAL USER REGISTRATION/APPLICATION FORM

Mark with an X to the appropriate box

Create New User	Amend Current User	Terminate User
------------------------	---------------------------	-----------------------

USER'S PERSONAL INFORMATION:-

Surname			
Full Name(s)			
Identity Number (ID)			
PERSAL Number			
Job Title Description			
Cell Number		Fax Number	
E-Mail Address			
Office Number		Floor	
Building Name			
Street Address			
Department		Departmental Code	
Component Name/Section			

LOG ON INFORMATION:-

PC Serial Number		PC Name	
LU/Terminal Address			
List of Components Groups for restrictions			
Is PERSAL Printing Required			
Printer Name			

MOTIVATION FOR CREATION/AMENDING/TERMINATING OF A USER ID:-

P E R S A L U S E R ' S D E C L A R A T I O N : -

I _____ herein make a formal application for access to the PERSAL System where it is part of official functions and duties in the _____ section of my department. Should this application be approved, I undertake the following:-

1. I will not use my PERSAL or network access to perform any other functions than those that have allocated to me which I have authority on.
2. I will under no circumstances reveal (verbal or writing) my PERSAL User Password to any party even family member, friends or members of the public.
3. I will therefore also not allow any person to use my PERSAL/Mainframe User ID's and Passwords.
4. I will immediately report any suspected violation of personal login information in writing to my controller/supervisor and accounting officer.
5. I will not avail any unauthorized PERSAL data to any one without producing proper documentation.
6. I understand that it is the best interest of my colleagues, my department, as well as the Eastern Cape Provincial Administration to keep such information secrete.
7. I accept and understand that my access may be revoked without prior notice, and that I can expect no reason or explanation.
8. I understand that, should I not comply with these conditions, I could make myself guilty of an act of misconduct that may result in my dismissal and I could be held liable for any damages the department or province may suffer.
9. I understand that it is my department's policy that employees must report any suspected crime to the authorities

USER'S NAME
(Please print name)

SIGNATURE

DATE

VERIFIED BY: SUPERVISOR (Information above)			
Initial & Surname			
PERSAL No.		E-mail:	
Telephone No.		Cell No:	
Designation			
Signature		Date	



DEPARTMENTAL PERSAL COORDINATOR			
APPROVED / NOT APPROVED			
Initial & Surname			
PERSAL No.		E-mail:	
Telephone No.		Cell No:	
PERSAL Access Approved	YES		NO
Designation			
Signature		Date	

FOR OFFICE USE ONLY			
DEPARTMENTAL CONTROLLER			
Complete ID			PERSAL ID
Controller Name			Controller PERSAL ID
Controller Tel. No.			Controller Cell. No.
Component			Component Group's
Linked to LU address			Linked to distribution(s)
Undertaking Received	YES	NO	Restricted to Terminal
			YES
			NO

REVISOR'S INFORMATION			
Initial & Surname			
PERSAL No.		E-mail:	
Telephone No.		Cell No:	
PERSAL Access Approved	YES		NO
Designation			
Signature		Date	

SIGNATURE (PERSAL CONTROLLER)

DATE

