



ALLOCATION/AMENDMENT OF AUTHORIZER

Attention	
Fax Number	
Contact Number	
E-mail Address	

Please allocate/remove the following transaction code/s to/from the PERSAL Authorizer as indicated below:-

AUTHORIZER'S DETAILS

Surname	
PERSAL Number	
Complete User ID	
PERSAL User ID	

TRANSACTION CODE/S TO BE:-

<i>ADDED</i>		<i>REMOVED</i>	

Verified By:

 Name of Supervisor (Please print) Signature Date

RECOMMENDED BY:-

 Name of PERSAL Coordinator (Please print) Signature Date

APPROVED / NOT APPROVED:-

 Name of PERSAL Controller (Please print) Signature Date