

VPNra Application Form – External Service Provider

A. PERSONAL INFORMATION											
Full Name & Surname						Call Ref No					
Form Of Identification		A Full ID/Passport No. Is Required						For IT Office.			
Physical Address								Received By:			
E-Mail address								Date : DD/MM/YYYY			
Telephone No.								Signature :			
Cell Phone No.											
Application Type Mark "X"		New		Modify		Delete					

B. THE SERVICE IS SUBJECT TO THE FOLLOWING TERMS and CONDITIONS:

1. This application must reach Head Office via your ICT Manager or Technician.
2. VPNC client software will be made available for you to download and install.
3. Once you have received an email from admin@vpnc.gov.za follow the steps in the email or call your technical department for assistance in configuring the VPNC.
4. Your Section is responsible for the supply of any required bearer network used to enable connectivity to the VPNC serve.
5. Access accounts that remain inactive for a period of 30 calendar days or more, will be disabled and may be revoked or cancelled without further notice to either user after 90 days.
6. This application form needs to be approved by the relevant Policy Group owners at HO.
7. You will be provided with a reference number which is needed for all enquiries.
8. The security undertaking in compulsory.
9. Incomplete or incorrect completion of security undertaking will result in the rejection of the application.
10. **INDEMNITY:** *The applicant will be held responsible of fraudulent use of his/her login credentials.*

C: SECURITY UNDERTAKING: USER

I, the undersigned **USER** do hereby warrant that I am a duly authorized to access the services and resources, as described herein, by Department of Social Development.

I therefore undertake that the provision of the applicable Security Policy for the VPNC to be accessed, amended from time to time, shall be fully complied with in respect of the services applied for in this document.

Specifically, without dilution or modification of the intent or definition of anything stated within the Network Security Policy:

1. Services provided by SITA shall only be used by duly authorized persons for official purposes.
2. No data networking equipment or connection to any other data network shall be done to any equipment that is connected to the SITA NGN network – this includes dialup modems.
3. User ID's and passwords issued to an individual shall be kept secret and known only to that individual concerned.
4. I acknowledge that log files and traces of any traffic passed via this service may be made, utilized and stored in terms of the provisions of the RICA (Act. 70 of 2002) and, by my signature hereto, do give assent to all such actions.
5. Discovered or learned violations of any aspect of the use of this service may result in partial or complete suspension of services provided with or without prior notification.

Signed at _____ on this day.....day of20 _____ Signature:.....

Departmental Official In Need Of The Applicant's Services: Init & Surname.....Sing.....Date.....

The content disclosed on this form reveals your personal information. Your information will be used for only what it is intended to. It will not be shared with any other parties or used for anything other purpose/s than what it is intended to. Your consent will be requested should there be a need to use it for something else