



ICT REQUEST FORM

SECTION A : TO BE COMPLETED BY APPLICANT

NAME

EMPLOYEE NO.  DESIGNATION

DIV/DEPT.

Request Type (Check all that apply):

<input type="checkbox"/>	New System / Service	<input type="checkbox"/>	Enhancement to Existing System
<input type="checkbox"/>	Replace Existing System	<input type="checkbox"/>	IT Infrastructure
<input type="checkbox"/>	Other (Explain) : _____		

**Business Requirements - Provide a brief description of the business needs or problems that you would like to address.**

**Business Justifications - State and quantify wherever possible the expected benefits/outcomes (e.g. reduced cost, improved accuracy, reduced processing time, addresses compliance or regulatory issues, etc.)**

**System / Software / Hardware / Service Descriptions**

**Justification on preference towards specific product / brand - (if applicable only)**

**Stakeholders – Identify any other departments/individuals affected by this request and their respective roles in the proposed project (e.g. key process owners, users, support, etc.)**

Impact/Risk of not doing the project

Desired Completion Date

Budget Amount

Budget From:

ICT Department Budget

No Budget Available

No Cost Anticipated

Requested by:

Recommended by Head of Department / COO:

NAME

NAME

DESIGNATION

DESIGNATION

DEPARTMENT

DEPARTMENT

DATE

DATE

**SECTION B : TO BE COMPLETED BY ICT**

DATE RECEIVED

REVIEWED BY: NAME

RECOMMEND

DESIGNATION

REJECT

COMMENTS (if any)

Recommended / Not Recommended by Head of ICT

NAME

DESIGNATION

DATE

**SECTION C : APPROVAL BY HEAD OF CORPORATE SERVICES**

Approved / Not Approve by Head Of Corporate Services

NAME

DATE