



ICT REQUEST FORM

SECTION A : TO BE COMPLETED BY APPLICANT

NAME

EMPLOYEE NO.

DESIGNATION

DIV/DEPT.

Request Type (Check all that apply):

☐
☐
☐

New System / Service

Replace Existing System

Other (Explain) :

☐
☐

Enhancement to Existing System

IT Infrastructure

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

DESIGNATION

DEPARTMENT

DATE

NAME

DESIGNATION

DEPARTMENT

DATE

SECTION B : TO BE COMPLETED BY ICT

DATE RECEIVED

REVIEWED BY: NAME

RECOMMEND

REJECT

COMMENTS (if any)

DESIGNATION

Recommended / Not Recommended by Head of ICT

NAME

DESIGNATION

DATE

SECTION C : APPROVAL BY GROUP CHIEF CORPORATE OFFICER

Approved / Not Approve

NAME

DATE