



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 | <input type="text"/> | NAME | <input type="text"/> |
| DESIGNATION | <input type="text"/> | DESIGNATION | <input type="text"/> |
| DEPARTMENT | <input type="text"/> | DEPARTMENT | <input type="text"/> |
| DATE | <input type="text"/> | DATE | <input type="text"/> |

SECTION B : TO BE COMPLETED BY ICTDATE RECEIVED REVIEWED BY: NAME

| | |
|-----------|--------------------------|
| RECOMMEND | <input type="checkbox"/> |
| REJECT | <input type="checkbox"/> |

DESIGNATION COMMENTS (if any)

Recommended / Not Recommended by Head of ICT

| | |
|-------------|----------------------|
| NAME | <input type="text"/> |
| DESIGNATION | <input type="text"/> |
| DATE | <input type="text"/> |

SECTION C : APPROVAL BY GROUP CHIEF CORPORATE OFFICER

Approved / Not Approve by Group Chief Corporate Officer

| | |
|------|----------------------|
| NAME | <input type="text"/> |
| DATE | <input type="text"/> |