

ICT REQUEST FORM

SECTION A : TO BE COMPLETED BY APPLICANT

NAME

EMPLOYEE NO.

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DESIGNATION

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DIV/DEPT.

Request Type (Check all that apply):

New System / Service

Enhancement to Existing System

Replace Existing System

IT Infrastructure

Other (Explain) :

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

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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.)

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System / Software / Hardware / Service Descriptions

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

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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.)

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Impact/Risk of not doing the project

Desired Completion Date

Budget Amount

Budget From:

☐ ICT Department Budget
☐ No Cost Anticipated

☐ No Budget Available

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 ☐

DESIGNATION

COMMENTS (if any)

Recommended / Not Recommended by Head of ICT

NAME
DESIGNATION
DATE

SECTION C : APPROVAL BY GROUP CHIEF CORPORATE OFFICER

Approved / Not Approve by Group Chief Corporate Officer

NAME
DATE