



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 Cost Anticipated

☐ No Budget Available

Requested by:

Recommended by Head of Department:

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 MANAGEMENT

Approval from Head of Division/Group Chief Corporate Officer
depending on GLOA limit

NAME
DATE