

AVA e-LICENSING WATERMARK ONLINE CERTIFICATE VERIFICATION SYSTEM REQUEST FORM

TO: AVA e-LICENSING SYSTEM ADMINISTRATOR	Email: AVA_Computer_Operations@ava.gov.sg	OCVS/SEC/____/____
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INSTRUCTIONS TO APPLICANT

You are responsible for all accesses of the system under your LOGON ID and Password. You must take all necessary precautions to prevent anyone from gaining knowledge or use of your Password. The sharing of LOGON IDs and Passwords is prohibited.

Your Password is the only means of authenticating your identity. Do not allow anyone else to know or use it.

You are also responsible to notify AVA ISD should the user account is no longer in use.

***** IT IS YOUR RESPONSIBILITY TO KEEP YOUR PASSWORD SECURE *****

CONFIDENTIAL

Yours access rights are bounded by Non Disclosure Agreement under Official Secret Act and AVA ICT Security Policy.

1 ACTION REQUESTED: ASSIGN ROLE [] DELETE ROLE [] RE-ACTIVATE ACCOUNT []

Effective Date: (dd/mm/yy) ____/____/____

2 APPLICANT'S PARTICULARS	FIRST NAME:	LAST NAME:
	ADDRESS :	
	ZIP OR POSTAL CODE:	COUNTRY:
	DESIGNATION:	DEPT/DIVISION/BRANCH NAME:
	PHONE NUMBER:	FAX NUMBER:
	EMAIL ADDRESS:	SIGNATURE OF APPLICANT:
	DATE:	

REMARKS:

AUTHENTICATION

AUTHORISED SIGNATURE (AVA e-Licensing CA) STATUS: APPROVE [] / REJECT [] NAME : _____ SIGNATURE: _____ DATE: _____	AUTHORISED SIGNATURE – SYSTEM OWNER STATUS: APPROVE [] / REJECT [] NAME : _____ SIGNATURE: _____ DATE: _____
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ADMINISTERED BY:

NAME : _____ SIGNATURE: _____

DATE RECEIVED: _____ USER ID ISSUED: _____ DATE COMPLETED: _____

To Note:

All request forms shall be properly completed before it is forwarded to AVA/ISD IS Security to process. It is the responsibility of the user coordinator to ensure that approval from the respective application system owner or designate is sought. Incomplete form will not be processed.