

**WIRELESS REGISTRATION INFORMATION
HOSPITAL BINTULU**



HBB/ICT/100/2-4

Requester Information

Name : _____

Department / Unit / Ward : _____

Designation : _____

Official Email (1GovUC) : _____

Handphone : _____

Wireless Information

Hostname : _____

MAC Address : _____

Duration of use : _____ (day/week/month/s) From : ____ / ____ / ____ To: ____ / ____ / ____

Reasons : _____

Confirmation

Requested by: _____	Approved by : (Hospital IT Department) _____
Name :	Name :
Date :	Date :
Registered by: (Data Centre Operator) _____	Unregistered by: (Data Centre Operator) _____
Name :	Name :
Date :	Date :