

**USB and DVD ROM FUNCTIONAL REQUEST REGISTRATION
HOSPITAL BINTULU**



HBB/ICT/100/2-3

Requester Information

Name : _____

Department / Unit / Ward : _____

Designation : _____

Official Email (1GovUC) : _____

Handphone : _____

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

Reasons : _____

Confirmation

Requested by: Name : _____ Date : _____	Verified by : (Head of Department) Name : _____ Date : _____
Approved by: (Head of ICT Unit) Name : _____ Date : _____	Registered by: (ICT Unit / Helpdesk) Name : _____ Date : _____