



NEW USER REQUEST FORM

Date	20/01/2022
Company Name	
Employee Full Name	
Employee Role	
Employee Start Date	
Employee Email Address	
Employee Phone Number for Verification	
Licence Required	
Authorised By	

Other:- (Please separate mailboxes with a comma & specify full email address@ etc)

Additional Mailbox Access Please Specify	
Sharepoint Access	
Any Distribution Lists Required.....	
Notes	

Do you require Hardware	
If Yes :-	
Existing Notes :- Machine known as? Last user?	
New Hardware Notes :- (including delivery address if applicable)	

Do you require Telephony	
If Yes :-	
Preferred Extension	
Preferred DDI	
Existing Notes :- Phone known as? Last user?	

N.B. Please ensure all fields contain accurate information. We will not be held responsible for transposition errors.