



## DOMAIN/EMAIL ACCOUNT REQUEST FORM

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process and retain my personal data in accordance with the PPA's Privacy Statement and for purposes specified in this form.

USER ACCOUNT INFORMATION				<i>File Copy</i>
NAME OF EMPLOYEE <i>(Last name, First Name, Middle Name)</i>		EMPLOYEE NO.	DATE OF BIRTH	
RESPONSIBILITY CENTER	OPERATING UNIT	DATE EMPLOYED	CONTACT NO.	
ADDRESS		POSITION		
TYPE OF ACCOUNT				
<input type="radio"/> Domain Account		<input type="radio"/> Office 365 Account		
TYPE OF REQUEST				
<input type="radio"/> New User Account	<input type="radio"/> Change User Account	<input type="radio"/> Change Password	<input type="radio"/> Deactivate User Account	
REMARKS				
AUTHORIZATION				
REQUESTED BY:		APPROVED BY:		
EMPLOYEE'S SIGNATURE		ICTD AUTHORIZED SIGNATURE	DATE	
FOR SYSTEM ADMINISTRATION PERSONNEL ONLY		IMPLEMENTATION		
USER LOGIN DETAILS <i>(as defined in the system)</i>		IMPLEMENTED BY:		
USER LOGIN NAME		SYSTEMS ADMINISTRATOR	DATE	
INITIAL PASSWORD		NOTED BY:		
REMARKS		CENTRAL FACILITY OFFICER-IN-CHARGE	DATE	

**Important Reminder:**

The information contained herein should be kept confidential and should be used solely by the employee whose name appears above. Should you fail to comply or should the security of your login credentials be compromised, your account will be locked out until such time that security is restored.



Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form

Thank you

## **GENERAL INSTRUCTIONS:**

1. For the User Account Information, indicate the following:
  - Name of employee
  - Employee number
  - Date of Birth
  - Responsibility Center
  - Operating Unit
  - Date employed in PPA
  - Contact Number
  - Address
  - Position
3. Check type of account requested in the system
4. Indicate type of request role/s to specify role other than those indicated in the Role box
5. Indicate remarks, if any
6. Indicate name of person who accomplished the form and affix signature and the date when the form was accomplished
7. Indicate the name of PPA authorized representative who approved the request and affix signature and date when the request was approved
8. For the system administration personnel, fill in the user log in name and initial password
9. Fill in the name of the System Administrator and affix signature and date Implemented
10. Indicate the name of Central Facility Officer in Charge and affix signature and date implemented
11. Indicate remarks, if any