



APPLICATION FOR ENABLE USB PORT

- 1. Name of User :
- 2. Telephone Ext _____
- 3. Position : _____
- 4. Department : _____
- 5. PC No : _____

Signature: _____

Date : _____

6. Justification for Enable USB Port

Approved by Head of Department :-

Signature (Head of Department : _____

Name (Head of Department) : _____

Date : _____

(For ITD use only)

Approved by Head Of Department ITD : YES NO

Signature (Head of ITD) : _____

Name (Head of ITD) : _____

Date : _____