

USER ACCESS REQUEST FORM [UAR]

FOR ANGKASA LIBRARY MANAGEMENT SYSTEM

Sains Call Centre(24 x 7) Tel: 1-300-88-7246, Fax: 082-442522, Email: callcentre@sains.com.my, Online: http://Callcentre.sains.com.my Document No : FRM-CM-SB-22

Revision No: 0

Effective Date: 01 MAY 2021

Please fill in this form and submit to the SAINS Branch Office. Allow 3 days from date of receipt for account to be activated. You will be notified when the activation is completed. For request involving multiple 10 users, please fill in one User Access Request Form and attach a name list.

1. User's Details									
Name :									
LibraryNet No :		(ignore if new						new user)	
Job Function :						(e.g. Cataloger, acquisition)			
Library :		•							
Requested By :				Date Requested :					
Signature & Company Stamp									
2. Request Type (please check one only)									
New User A	t Change			s		Void User Account			
3. Enter "A" for Add and "D" for Delete if new user or changes :									
Acquisition user		Acquisiti	on Admin		Cataloging Admin			Cataloging user	
Circulation user		Circulation Admin.			EDDP user			EDDP Admin	
ILL Officer		-	Net Q&A Imin		Member Mgmt Admin			Member Mgmt user	
Internet Charging User		Library Admin			Online database Admin			Stock Checking	
Serials Admin		Serials user			Management (reports only)				
4. For SAINS' Personnel Only									
Date Received :					Received by :				
Action by :					Date notify requestor :				
Reference No :				R	Remarks :				
ACCEPTANCE BY USER									
Name : Contact Number :									
Designation :					Signature :				
Section / Dept :					Date Accepted :				
occion / Dept.		Date Accepted .							

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