

INTERNAL USE ONLY
ACCESS CARD FORM

The duly approved form must be submitted to Facilities Management Department for card activation 2 working days before the actual date of entry.

SECTION A – APPLICATION TYPE	SECTION B – TYPE OF CARD	SECTION C – TYPE OF REQUISITION	
Please tick (v) where applicable <input type="checkbox"/> Requisition <input type="checkbox"/> Replacement (Lost Card) <input type="checkbox"/> Termination	Please tick (v) where applicable <input type="checkbox"/> Door Access <input type="checkbox"/> Lift	Please tick (v) where applicable <input type="checkbox"/> New Access card <input type="checkbox"/> Temporary Access <input type="checkbox"/> During Business hours (8.30am – 5.30pm)	<input type="checkbox"/> Permanent Access <input type="checkbox"/> After Business hours (5.30pm – 11.00pm)

SECTION D – REQUESTER / NEW HIRE INFORMATION	
Name :	Div/Dept / Unit :
Staff ID :	Date :

SECTION E – REQUISITION DETAILS	
Effective Date :	End Date:.....
Purpose of Entry:.....	

SECTION F – ACCESS LEVEL				
Please tick (v) which door to access				
Level 7 <input type="checkbox"/> IAD <input type="checkbox"/> Fin Ops / Trade Ops <input type="checkbox"/> Corp Comm	Level 8 <input type="checkbox"/> ITD <input type="checkbox"/> Central Ops <input type="checkbox"/> RENTAS/SWIFT <input type="checkbox"/> Legal <input type="checkbox"/> VMO <input type="checkbox"/> Facilities Management	Level 24 <input type="checkbox"/> Retail Banking <input type="checkbox"/> Contact Centre	Level 25 <input type="checkbox"/> Shariah <input type="checkbox"/> Finance <input type="checkbox"/> Treasury / FI <input type="checkbox"/> Compliance <input type="checkbox"/> Risk Management <input type="checkbox"/> Human Resource	Level 26 <input type="checkbox"/> Executive Lounge <input type="checkbox"/> Corp Strategic Planning <input type="checkbox"/> Company Secretarial <input type="checkbox"/> Corporate Banking

SECTION G – ACCOMPANYING STAFF / EXTERNAL (Visitor / Contractor / Auditor)				
No	Name	Staff Id / IC / Passport No	Div / Dept / Organisation	Contact No

Note : Please provide copy of IC or Passport for External

SECTION H – APPROVAL	
Requester Signature :	Head Of Div / Dept :
Note: Approval is required to access other Division / Department	Approved / Rejected Head of Division / Department Name :

Processed By: Name : Date :	Approved / Rejected: Head of Facilities Management Date :
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