

AUTHORISATION TO REMOVE ICT RESOURCES

PERSONAL INFORMATION

Title: _____ Staff number: _____

First Name: _____ Surname: _____

Vehicle Registration (if moving off campus): _____

ASSET INFORMATION

1. Description of Asset (Make, Model No. Specification, etc)

2. Asset Number: _____ Serial Number: _____

3. Date from: _____ To: _____

Permission is required to remove the above described ICT Resources and for the above named person to have in their possession during the stated period only the ICT Resources belonging to the University of KWAZULU-NATAL.

COMMENT

LINE MANAGEMENT

Print Name: _____ Date: _____

Signed: _____ Title: _____

STAMP:

