## **Logical Access Request Form**

(For SAP Business Application)

Access Request Form No.

Personal Details (To Be Filled By User/Reporting Officer)								
Full Name:				Personal No	:			
CNIC No:				Designation:	:			
Access Request:	v User		Existing U	ser				
Type of Access:	_	☐ Permanent ☐ Temporary (Duration From/to/)   ☐ Contractual ☐ Vendor Personnel ☐ Contractors					)	
SAP Access Level and Role								
Level:			Role:					
Reporting Officer Approvals								
Name		Designation	Signature			Date		
Reason if Disapproved:								
Functional Specialist Approval								
Name		Designation	S	Signature		Date		
Reason if Disapproved:								
DAG C&P Approval / Director FABS								
Name		Designation		Signature		Date		
Reason if Disapproved:								
To Be Filled By The Respective Basis Team Lead (After Granting Access)								
Access to Application	Granted	Name	Name Designation		Signature	nature Date		
SAP User ID:								
Expiration Date:		-						
•								
CISO / ISO Verification								
Name		Designation	S	Signature		Date		
Remarks:								