PORT OF FUJAIRAH

<u>USER ACCESS REQUEST FORM</u>

(E-Service Form)

From Dept: _____

Date: _____

To: **IT Manager**

Please grant system access to the following user:

Employee No#		Email	
Name		Mobile #	
Designation			

Please ☑ *the modules where access is required:*

E-service			Other Module	
Menu Name	**Access**		**Application Name**	**Access**
Port Security Clearance			Gate Pass Admin	
Port Security Clearance - New/Renew			Permanent Pass Admin	
Port Security Clearance - Search			Issue Permanent Pass	
Gate Pass				
Gate Pass - Pass Request Without Cargo				
Gate Pass - Pass Request With Cargo				
Gate Pass - View Pending Passes				
Gate Pass - Reports				
Gate Pass - Copy Group				

Remarks (specify other modules): _____

Department Head	
Signature	**Date**

– –

For IT Dept. Use	
Created By	**Created Date**