



SOMALILAND NATIONAL AIDS COMMISSION (SOLNAC)

E-Mail Account Request Form

Completed Forms Should Be Returned To:

ICT Section of SOLNAC OR

(Allow 3 Working Days for Processing)

Send by Email: ICT.SOLNAC@Sldgov.org

Illegible and incomplete forms will not be processed

Personal Information Details

Full Name _____

Gender: Male Female

Date of Birth: ____/____/____ Place of Birth: _____

Physical Address _____

Email Address _____ Tell: _____

Staff information

Name _____ Staff ID _____ Job Title _____

Previous Job Title _____ Department _____

Section _____ Officers: _____

Request

I, _____ writing to ICT Section of SOLNAC for request to open a New professional email address for the SOLNAC.

In signing below, I agree that I will maintain the privacy of my user ID and password and that I will not enable another person to access information using my account. this account Email is belongs to the Somaliland National AIDS Commission (SOLNAC), any time, nominated to any other person I will hand over the email user and password to the Nomination person.

Signature_____

Date: _____

It is recommended to change the given password after your first login

Supervisor

Please give the above user a new email account of the Commission

Name:_____

Title: _____

Signature: _____

Date: _____

IT Officer

Name:_____

Title: _____

Signature: _____

Date: _____

I certify that the account holder has signed Official Email Request form. this is a mandatory requirement for all users before being granted access to a SOLNAC computers

Note:

1. the Request staff will submit any document required by the ICT officer, or any othersupport document
2. The Email Account Request form will filled in the archive of the commission