



الجهاز المركزي لتكنولوجيا المعلومات
THE CENTRAL AGENCY FOR INFORMATION TECHNOLOGY



KIN-277

SERVICE REQUEST FORM
طلب نظام من جهة حكومية

REQUEST FROM	طلب مقدم من	Date of Request			
Government Agency:		Civil ID:			
Name:					
Department:					
Contact Details:	Office Tel	Ext	Direct Tel	Mobile Tel	
Email Address:					

SERVICE DETAILS: معلومات عن النظام

Government Agency:	
Service Name:	
Reason of Request:	

Date of Submission:

Name:

Signature:

===== KIN USE ONLY لاستخدام شبكة الكويت للمعلومات =====

Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By		
Comments (if No):				Date	
Connectivity Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By		
Comments (if Not):				Date	
IP Address:			Host Name		
Response To GA:	<input type="checkbox"/> Done	<input type="checkbox"/> Not Done	Date		
Name:					

Date:

Name:

Signature: