



الجهاز المركزي لتكنولوجيا المعلومات
THE CENTRAL AGENCY FOR INFORMATION TECHNOLOGY



KIN-278

SERVICE PROVIDER FORM

REQUEST FROM: تعريف الخدمة

Date of Request

Government Agency:		Civil ID:		
Name:				
Department:				
Contact Details:	Office Tel	Ext	Direct Tel	Mobile
Email Address:				

SERVICE DETAILS: متطلبات الخدمة

Service Name:			
Service Description:			
IP NATed/Subnet:		Host Name:	
Protocol:	Select One and specify if Other: <input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> IPX <input type="checkbox"/> Other:		
Port No.:		NAT Device	
Client Application:	Select One and specify if Other: <input type="checkbox"/> WEB <input type="checkbox"/> TERMINAL <input type="checkbox"/> IPX <input type="checkbox"/> Other:		
High Availability:	Select One <input type="checkbox"/> Active/Active <input type="checkbox"/> Active/Passive Active <input type="checkbox"/> Not Available		
Virus Protection (If Windows Servers):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor	
		Version	
Service Dependency:	List Prerequisite Services of same or other Government Agencies		
Add IP to GA	Mentoring Service in NOC: 10.4.0.0/16 or 10.4.4.0		

Date of Submission

Name:

Signature

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

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