

Security Access Request Form for Xoserve Portal Users

Section 1: Requester Details – all fields are mandatory, you must be pre-authorised to request any accounts.

Your Full Name	
Email Address	
Contact Phone Number	
Short Code (3 digits)	
Organisation Name	
Organisation ID	
Organisation Type	
Request Date	

**Please scan and e-mail
completed forms to:
servicedesk@xoserve.com**

**Please note that the SLA for this
request is 10 business days from
receipt of the request**

**ONLY ROLES APPLICABLE TO
YOUR BUSINESS
SECTOR CAN BE REQUESTED,
OTHER REQUESTS WILL BE
REJECTED**



Section 2: Define User Details

Name	Email Address	Contact Number	Add Remove Change	Portal Role(s) Required

Organisation Type	Portal Service	Portal Role
DMSP ONLY	CMS	CMS MRA