

CHANGE IN USER/SYSTEM ADMINISTRATOR FORM

Ref: USR/SYSAD -01

System: **CNP, CBRIS, EAR, PDMS, TN Phase III -FS, TN Phase III -FM, TN Phase VI, TRADELINK, FOTS, TEPS, MCCI, WEBBOE, WMS**

Please specify system from the above list. _____

COMPANY DETAILS

Account ID /Customer Code: _____

Account Name /Company Name: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

PLEASE UPDATE THE USER'S/SYSTEM ADMINISTRATOR NAME AS BELOW, WITH IMMEDIATE EFFECT

User/System Administrator ID: _____

Previous Name: _____ Job Title: _____

New Name: _____ Job Title: _____

New User Signature: _____ Email: _____

Please provide ONLY email address created for you by your employer. We strongly recommend that you do NOT provide email addresses used by a group, or created by yourself for your personal use, such as under Gmail, Yahoo, Hotmail, etc. Using your personal email presents security risks to the company/business information, and personal email accounts may not be covered by your company's security policies.

I CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN ARE CORRECT AND TRUE

First Name: _____

Last Name: _____

Job Title: _____

Date: _____

Signature: _____

Official seal

Notes

- To be filled by the authorised signatories as per Subscriber Account Registration Form and returned to the Customer Service Department on customer.service@mns.mu
- The signed form must not be dated more than 14 days.

I have read and acknowledge the [Privacy Notice](#) and I understand that all personal data shall be collected and processed in accordance with the Data Protection Act 2017.

MNS OFFICE USE

Date received: _____ Initial: _____

Date processed: _____ Initial: _____