



NOMINATION OF NEW DATA SECURITY ADMINISTRATOR (DSA)

Please complete this form in BLOCK LETTERS and email to Allied Container Depot Services Sdn Bhd at cs1@acsmy.com.

PART I - TO BE COMPLETED BY AN AUTHORIZED SIGNATORY OF THE COMPANY HOLDING A MANAGERIAL POST

For the administration of staff user IDs and the control of access to sensitive facilities, please assign at least 1 Data Security Administrators (DSA) who must preferably be of managerial level or at least of executive level. The DSAs will be the main contact persons for the respective systems.

DSAs have the authority to create, activate, delete user IDs and passwords. They are deemed to act on behalf of your company. It is the responsibility of your company to ensure that user IDs of DSAs who have left the company or who no longer hold DSA rights are removed from the system. Allied will not be responsible for any act or omission by your company's DSAs or its users.

iDOS – Interactive Depot Operating System (DHE)

DSA Nominee	
Name (Underline Surname)	
Designation / Dept:	
Office Tel. No:	
Business Mobile No:	
Office Email:	
iDOS User ID (if preferred):	
<p>DSA Acknowledgement: As Allied's Data Security Administrator ("DSA"), I agree to be the main contact person for my company on all Allied matters, responsible for creation, deletion, activation and management of all Allied user IDs, passwords and user roles for my company and deemed to act on behalf of my company. As part of such responsibilities I shall ensure that user IDs of staff who have left the company or who no longer need to use iDOS are removed from iDOS.</p> <p>I agree and acknowledge that Allied Container Depot Services Sdn Bhd will not be responsible for any act or omission of mine, or of any iDOS user.</p>	
DSA Nominee Signature:	
Reason(s) for nomination:	

PART II – TO BE COMPLETED BY THE COMPANY DIRECTOR / GENERAL MANAGER / CURRENT DSA HOLDING A MANAGERIAL POSITION OR AN AUTHORISED PARTY OF SIMILAR STATUS SUBMITTED BY:

IMPORTANT NOTES:

BY SIGNING BELOW, WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS IN PLACE FROM TIME TO TIME. IN THE EVENT THAT THE PERSONNEL NAMED IN THIS APPLICATION LEAVES THE COMPANY, THE COMPANY MUST INFORM ALLIED CONTAINER (E&M) IMMEDIATELY AND MUST PROVIDE PARTICULARS OF THE REPLACEMENT PERSONNEL.

Name (Underline Surname):		Designation:	Date:
Office Tel. No.:	Business Mobile No:	Office Email:	
Signature:	Company Name:	Company Stamp:	

PART III – FOR ALLIED DEPOT COMPLETION:

Scanned Mailed Account Created