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| **Section A – Company Name:** | Click here to enter text. |
| **WARS** | 750D Technopark @ Chai Chee, #04-04/05  | **Type Work Area Recovery Suites**☐DEDICATED ☐SHARED |
|  **Authorized Personnel Name List**The data provided in this section is only used for verification of identity, security and contact tracing purposes. |
| **S/No.** | **Name** | **NRIC No.** | **Role** | **Designation** | **Email/Contact** | **Type of change** |
| **1.** |  |  | Choose an item. |  |  | Choose an item. |
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| ***Access Control Matrix:*** |
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|  | **Administrative** | **Technical** | **Business User**  | **WARS****Activator** | **WARS****Authenticator** |
| Access to WARS | Yes | Yes | Yes | No | No |
| Access to WARS Cabinet (include drawing out key2) | Yes | Yes | No | No | No |
| Request Activation of WARS | No | No | No | Yes | No |
| Authenticate request for WARS | No | No | No | No | Yes |
| Escorting Visitors and/or Equipment Movement **+** | Yes | Yes | No | No | No |
| Approving 1-Net Service/Change Request Form &Amendments to Authorized Person List | Yes | No | No | No | No |

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|  | **+** Apply to Dedicated WARS customers |  |
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| **Submitted by (Customer Administrative Contact):** | **Verified & Updated by (1-Net Admin):** |
| Name:  | Click here to enter text. | Name:  | Click here to enter text. |
| Designation:  | Click here to enter text. | Designation: | Click here to enter text. |
| Date:  | Select Date | Date:  | Select Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature / Stamp: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature / Stamp: |  |