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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:*** | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **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 |  |  |  |  | | --- | --- | --- | |  |  |  | |  | **+** Apply to Dedicated WARS customers |  | |  |  |  | | | | | | | | | | | | | |
| **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: | | | |  | |