

USER ACCESS AUTHORISATION FORM

Date:

I,, the liaison officer of, authorise Kazoulis Records Management LTD to create user access credentials for the personnel noted below:

1st User

- Name: _____
- Position in Company: _____
- Email: _____
- User Name: _____
- Password: _____
- Types of records to be accessed: _____

- Level of Access: _____

2nd User

- Name: _____
- Position in Company: _____
- Email: _____
- User Name: _____
- Password: _____
- Types of records to be accessed: _____

- Level of Access: _____

3rd User

- Name: _____
- Position in Company: _____
- Email: _____
- User Name: _____
- Password: _____
- Types of records to be accessed: _____

- Level of Access: _____

4th User

- Name: _____
- Position in Company: _____
- Email: _____
- User Name: _____
- Password: _____
- Types of records to be accessed: _____

- Level of Access: _____

5th User

- Name: _____
- Position in Company: _____
- Email: _____
- User Name: _____
- Password: _____
- Types of records to be accessed: _____

- Level of Access: _____



Kazoulis Records Management Ltd

Head Office : 2 Odyssea Androutsou, CY 4150 Kato Pelemidia

: P.O.Box 53078 Cy3300 Limassol - Cyprus

Wide Line : 7772233

Tel : +357 25 278 278 **Fax** : + 357 25 754 477

Mail : kazoulis@kazoulis-records.com **Web** : www.kazoulis-records.com

Full Name of Client
(Company Name)

Client Signature

Company Position

Print Name & Title

Validation by Liaison Officer
(Signature and Stamp)

Effective Date