



MPG GROUPWISE MOBILITY USER REQUEST FORM

CELLPHONE MAKE	
NAME	
SURNAME	
PERSAL NO.	
TEL.	
CELL #	
E-MAIL ADDRESS	
DEPARTMENT	
JOB TITLE	
SECTION/UNIT	
TOWN	
OFFICE	
SIGNATURE	
DATE	

FOR OFFICE USE ONLY

ADDED / NOT ADDED / TERMINATED

GW POST OFFICE : _____

ADMINISTRATOR : _____

SIGNATURE : _____

DATE : _____

Fax the completed form to 013 766 9452 (Makhosazane) /9231 (Zanele) /9374 (Sihle)