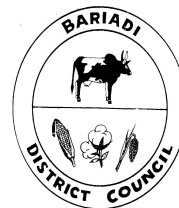


**THE UNITED REPUBLIC OF TANZANIA**  
**THE PRESIDENT'S OFFICE**  
**REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**  
**AUTHORITY**



**BARIADI DISTRICT COUNCIL**

**INFORMATION AND COMMUNICATION TECHNOLOGY DEPARTMENT**

**FFARS 10.2 USER ACCESS REQUEST FORM**

<b>FACILITY Name:</b>				
<b>PART A: System Users particulars</b>				
S/N	Check No.	Mobile number	Full name	Reason/Responsibility
<b>PART B: Head/ Incharge of Facility</b>				
Full Name				
Decision				
Date		Signature		
<b>PART C: Head of Department</b>				
Full Name				
Decision				
Date		Signature		
<b>PART D: Accounting Officer</b>				
Full Name				
Decision				
Date		Signature		

**\* In Responsibility column indicate system users as follows:**

- Facility Incharge
- Head of School
- Accountant/ Teacher/Nurse/Clinician/Doctor/ other  
(Payment Voucher, Revenue and Reconciliation)

**\* In Reasons column indicate system users as follows:**

- New user
- Transfer/facility change
- Other (specify)