

Security Access Request Form for Xoserve Portal Users



Section 1: Requester Details – all fields are mandatory, you must be pre-authorized to request any accounts.

Your Full Name	
Email Address	
Contact Phone Number	
Short Code (3 digits)	
Organisation Name	
Organisation ID	
Organisation Type	
Request Date	

Please scan and e-mail completed forms to:
servicedesk@xoserve.com

Please note that the SLA for this request is 10 business days from receipt of the request

ONLY ROLES APPLICABLE TO YOUR BUSINESS SECTOR CAN BE REQUESTED, OTHER REQUESTS WILL BE REJECTED

Section 2: Define User Details

Name	Email Address	Contact Number	Add Remove Change	Portal Role(s) Required

Organisation Type	Portal Service	Portal Role
DMSP ONLY	UK Link	UK Link DMSP
DMSP ONLY	CMS	CMS DMSP

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