

Information Technology

**Application for Office Telephone Services Potchefstroom**

More information regarding the description and costs are found at: [**http://www.nwu.ac.za/it/service-catalogue**](http://www.nwu.ac.za/it/service-catalogue) **Telephony & Messaging**

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| **Information on how to complete this form**Depending on the service required, please supply the relevant information as indicated below.  |
| **Service** | **Log a ticket\*** | **Service Billing Approver** | **Sections to be completed** |
| ***A*** | ***B*** | ***C*** | ***D*** |
| Change Service Class and Pick Groups | ✓ |  | ✓ | ✓ |  |  |
| Instrument and Cables Analogue💣 |  |  |  |  |  |  |
| Digital💣 |  | ✓Karien Jagals |  |  |  |  |
|  |  | Staff nr.26051095 |  |  |  |  |
| New Extension | ✓ | ✓ Karien Jagals | ✓ | ✓ |  | ✓ |
| New Pin Numbers | ✓ |  | ✓ |  |  |  |
| Resignations & New Appointments & Personal Detail Changes | ✓ |  | ✓ | ✓ |  | ✓ |
| Transfers & Swaps | ✓ | ✓ Karien Jagals | ✓ |  | ✓ | ✓ |
| Voicemail | ✓ |  | ✓ | ✓ |  |  |

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| \*Please **attach this “Application for Office Telephone Services” form to the IT-Help ticket** at <http://support.nwu.ac.za>💣**Fault reporting**: For all analogue phones **please call: X991102** for all other phone log call **to** <http://support.nwu.ac.za>

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| **A. Information regarding Applicant**Registration will only be done when **all fields** are completed. |
| Title |  | Building-, Office number |  |
| First Name |  | Extension of Applicant |  |
| Initials, Surname |  |  |  |
| Department |  | Contact person |  |
| NWU number |  |  |  |  |  |  |  |  | Extension of Contact person |  |

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| **B. Change Service Class and Pick Groups**Please mark the relevant option(s). |
| International calls |  | National calls |  | Local calls |  |
| Internal calls |  | Only using codes |  | Voicemail |  |
| Extensions to form part of the pick group |  |

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|  |  | **C. Information Transfers & Swaps** |
|  |  | **From** |  | **To** |
|  |  Name, Surname, NWU number | Building | Office |  Extension | Building | Office | Extension |
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| **D. Cost Recovery for Office Telephones**Registration will only be done when **all fields** are completed and Service Billing Number. |
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| **OUC** |  |  | **.** |  |  |  |  |  |  |  | **.** | 2 | 3 | 0 | 2 | **SB** |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| Signature:Applicant |  | Date |  |
| Signature:Dean/HOD/Manager |  | Date |  |

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| **ONLY FOR Information Technology OFFICE USE** |
| Pin number (official) |  | IT-Help |  | Extension |  |
| Pin number (private) |  |  |  | Date completed |  |