



This is available as a word document at www.filing.com.au under client form to be SIGNED BY PRIMARY CONTACT AND FAX TO 1300 305 395

DATA WAREHOUSE - CLIENT REQUEST AUTHORISATION FORM (E)

AUTHORITY LEVELS	1	2	3		
Permissions	Authorise new users	Make requests for any GROUP	Make requests for own GROUP		
	Place orders for new services	Place orders for new services	Cannot place order for new services		
	Authorise destruction of records	Cannot authorise destruction	Cannot authorise destruction		
	Authorise permanent removal	Authorise permanent retrievals	No permanent retrieval		
	Can approve scanning	Can approve scanning	Cannot approve scanning		
	Can access data on web	Can access data on web			
CLIENT NAME					
Client ACCOUNT CODE					
	NAME	POSITION	GROUP	EMAIL	LEVEL
PRIMARY CONTACT					1
1					
2					
3					
4					
5					
6					

Signed by Print Name _____ Signature _____ on / /200

DATA WAREHOUSE REQUEST TO REMOVE AUTHORISED PERSONS (F)

This is available as a word document at www.filing.com.au under CLIENT FORMS to be SIGNED BY PRIMARY CONTACT AND FAX TO 1300 305 395