



NEW	
MODIFICATION	
MONTH/YEAR	

PERSONAL DETAILS: (MANDATORY FIELDS)

PERSAL number		Surname		Name	
Job Title/ Rank					
Identity Number					
Telephone Number		Cellphone Number			
Email					
Directorate/ Education District /School Name					
Sub-directorate/Circuit/Section					
Permanent/Contract					
Pay Master PMPS? (Yes / No)	Yes		No		
If yes, please forward this application to Directorate: Finance to Avril.Smit@westerncape.gov.za					

MODIFY EXISTING USER ACCESS (this section can be ignored if new application)				
Existing	Designation/ Rank	Directorate / Ed Dist.	Circuit	

TERMINATE EXISTING USER ACCESS (this section can be ignored if new application)								
Reason for termination	Deceased		Retired		Resignation		End of contract	
If other, specify								

Applicant Signature: Date:

Motivation by Circuit Manager/Principal/Deputy Director/ Director:

Circuit Manager / Principal/ Deputy Director/ Director's Name:

Circuit Manager / Principal/ Deputy Director/ Director's Signature: Date:

OFFICE USE:

Type of User	HOC		Normal		System Administrator		WCED Admin		None	
If other, specify										

Approved		Not Approved	
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Registered by (Print): Signature: Date:

Deputy Director (Print): Signature: Date:

CONTACT DETAILS

System	Contact person	Contact number	Fax	Email	Website
PMPS	Helpdesk	021 467 2437 / 2092		PMPS.PMPS@westerncape.gov.za	http://pmps.westerncape.gov.za

NOTE: AS PER AUDIT REQUIREMENTS, NO UNSIGNED APPLICATION WILL BE ACCEPTED

CONFIDENTIAL

DECLARATION OF SECRECY

I, (full name)
solemnly declare that:

- 1. I have taken note of the provisions of the Protection of Information Act (Act 84 or 1982) and in particular of the provisions of section 4 of the Act;
2. I understand that I shall be guilty of an offence if I reveal any information which I have at my disposal by virtue of my office and concerning which I know or should reasonably know that the security or other interests of the Republic require that it be kept secret from any person other than a person
• To whom I may lawfully reveal it; or
• To whom it is my duty to reveal it in the interests of the Republic; or
• To whom I am authorised by the Head of the Department or by an officer authorised by him to reveal it.
3. I understand that the said provisions and instructions shall apply not only during my term of office but also after the termination of my services with the Department; and
4. I am fully aware of the serious consequences that may follow any breach of contravention of the said provisions and instructions.

Thus agreed and signed on this day of 20.....

..... DATE:
SIGNATURE OF PERSON TO BE GRANTED ACCESS

ID NO: RANK:

.....
SIGNATURE OF SUPERVISOR
(Lowest level to sign – Deputy Director)

FOR OFFICE USE ONLY:

..... DATE:
SIGNATURE OF DEPUTY DIRECTOR