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**CENTRAL COMPUTER SYSTEM
REGISTRATION COST CENTER ACCESS**

Title, Initials, Surname: _____
Department: _____
Telephone number: _____
UT number: _____
Email address: _____
User-id for Central Computer System
(Leave field empty if this is a new application.) _____

1. Please note that any amendments to cost center access must be in writing, approved by the Chair or person responsible for the cost center.
2. Request for access must be directed to:
Financial and Management Systems, tel 021-8084616

List cost centers that user must have access to:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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APPROVED: _____
TITLE: _____
DATE: _____