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MOSS/NRR
AUTHORIZATION FORM
(Multiple User Per Centre)

Official use only:
 Date received:.....

**** Confidentiality Statement and Disclaimer****

You shall be responsible to your center information confidentiality. Your nominated personnel shall not at anytime or under any circumstances reveal their password to any unauthorized party and shall take all steps to prevent discovery and/or disclosure of the password by and/or to any unauthorized party. For Information Security the password can be changed regularly.

You shall indemnify, defend and hold NRR and the vendor company that develops the application harmless from and against any and all claims, demands, suits, actions, judgements, damages, costs, losses, expenses (including legal fees and expenses on a solicitor and client basis) and other liabilities arising from, in connection with or related in any way to:

- (i) your centre's lost or stolen User ID & Password; or
- (ii) any unauthorised access to your centre's data.

**** End of Statement ****

Facility/Center Name : _____

Site Code : _____

#	Name (In full & block letter)	Designation	Mobile Tel. No.	e-mail	Remarks

I, hereby confirm that this facility/centre is under my charge and the above named will have the access right to my centre and patients' information. Enclosed are the signed [User Agreement] form(s) for the above nominee(s).

(Doctor in-charge's Signature)

(Designation)

(NRRIC)

(Official Stamp)

(Date)