**General Instructions to use the form**

* Clearly write/type the information in the relevant field.
* The form shall be filled by the LGN Coordinator at the Government Organization.
* The filled form shall be authorized by the Head of the Government Organization with the inclusion of the official stamp and the signature.
* Filled form shall be sent to LGII helpdesk using the following methods:
  + Emailing a scan copy of the filled form using a Government email account to [**helpdesk@noc.gov.lk**](mailto:helpdesk@noc.gov.lk)
  + Sending the filled form through fax to 0112 680993
  + By post to Lanka Government Information Infrastructure, 3G-17, BMICH, Colombo 07.

Government Organizations shall use this form to request LGN modifications for a given internet access user account. **Note: Fields mark with \* are mandatory.**

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Government Organization\*** |  | | | | | |
| 1. **Address\*** |  | | | | | |
| 1. **Name\*** |  | | | | | |
| 1. **National ID Card Number\*** |  | 1. **Email Address** | | |  | |
| 1. **Access Modification Type\*** | **( ) Change in allocated internet quota**  **( ) Change in division/department**  **( ) Change of office location**  **( ) Password reset**  **( ) Change of Profile (i.e. given name, designation, grade)** | | | | | |
| 1. **Modification Details** |  | | | | | |
| 1. **Review by LGN Coordinator** | **Name and Designation:** | | **Signature:** | | | **Date:** |
| 1. **Authorization by Head of the Organization** | **Name and Designation (Official stamp) and Signature:** | | | | | **Date:** |
| **To be filled by LGII** | **Form Received on:**  **Received by:** | | | **Authorization for creation:** | | |