# **Customer Authorized Access and Emergency Contact List**

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| Date: | |  | | | New Record  Change Request | | | | |
| Company Name: | |  | | | Customer ID: |  | | | |
| Company Address: | |  | | | | | | | |
| Primary Contact Number: | |  | | | | | | | |
| Primary Contact Email:  (If Separate from Below) | |  | | | | | | | |
| No. | Name-Surname | ID Card No. / Passport No. | Telephone Mobile | Email | Can Access DC Racks?  (1) | | Can Approve Access to Racks? (2) | Can Remove Asset?  (3) | Remarks |
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**Note**: Please mark "x" on Can Access DC Rack? (1) / Can Approve Access to Racks? (2) / Can Remove Asset (3) for responsible person roles.

1. Column "Can Access DC Rack?" Mark "x" indicates a list of people in "Column name" that can access the rack or not.
2. Column "Can Approve Access to Rack?" Mark "x" indicates a list of people in "Column name" Have the right to allow others to access the rack or not.
3. Column “Can Remove Asset?” indicates a list of people in "Column name" Have the right to move the asset out of the rack or not.

# **Terms and Condition:**

1. Personnel named on this form are declared by the customer for pre-approved data center access and KIRZ contact person(s) in case of emergency.
2. It is recommended to have **at least 2 names (Primary and Secondary Contacts, noted in “Remarks”)** to serve as emergency contacts.
3. If person(s) does not wish to be contacted after business hours (Monday to Fridays 8.00 am to 5.00 pm or Thailand holidays), please indicate in this form.
4. In all other cases (any requests by other staff, support vendor requests) KIRZ staff will confirm access permission with customer staff listed below ***as having responsibility for access approval***. More than one person should be authorized to approve access in case one is unavailable.

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| **KIRZ Approved By** |  | **Customer Authorized Person** |
| ……………………………………………………..  ( )  Position: ………………………………………………  Date: ……………. /…………. /………………. |  | ……………………………………………………..  ( )  Position: ………………………………………………  Date: ………….… /…………... /………….…. |

Please inform KIRZ for any changes to be updated.