



Account Removal Request Form

On completion of the form please fax to the IT Farm Customer Support Team **0161 227 9864**. Alternatively, please email to **support@itfarm.co.uk** (remembering to include your account number in the subject line).

Leaver's details

First Name: Last Name:

Leaving Date: Time:
(Mon-Fri 8am-6pm):

All access to this account will be disabled and any active sessions will be terminated at this time.

Does the leaver have a mobile phone associated with this IT Farm account? Yes No (please tick)

Step	Customer Instructions	IT Farm Use Only
1	<p>Managing emails sent to the leaver</p> <p>Do you wish to redirect emails to another IT Farm user? <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)</p> <p>Enter the name of the user to redirect to: <input type="text" value="5"/></p> <p>Please note: If the name of an IT Farm user is not entered in Box 5 all emails received after the leaving date will be rejected.</p>	<input type="checkbox"/> BES removed <input type="checkbox"/> Phone removed <input type="checkbox"/> Alias removed <input type="checkbox"/> Alias added
2	<p>Saving the leaver's mailbox & files</p> <p>During the decommissioning process, the IT Farm Support team will move all data in the leaver's account (including an email backup) into the file location specified in box 6.</p> <p>Please specify where you would like all data in this leaver's account to be moved to: <input type="text" value="6"/></p> <p>DVD Backup Required (£75 fee)? <input type="checkbox"/> Yes <input type="checkbox"/> Not required (please tick)</p> <p>Please note: If you do not complete box 6 (or request a DVD backup) all data will be permanently deleted.</p>	<input type="checkbox"/> Password Reset <input type="checkbox"/> Act Disabled <input type="checkbox"/> Mailbox Removed <input type="checkbox"/> Files Transferred <input type="checkbox"/> Profile Deleted <input type="checkbox"/> File Quota Updated <input type="checkbox"/> Moved to Deleted Users Initials <input type="text"/>

Please detail any special Instructions:

Authorisation

Full Name: Position:

Signature: Date:

Company Name: Account No: #

Please note there is a minimum notice period of one month for all leavers. Accounts are invoiced until a signed Account Removal Request Form is received.