EPAYSLIP

RESET PASSWORD FORM FOR EXISTING USER ACCOUNTS

Reset Password form should be sent to:
CISD (Government Email Services),
4th Floor, Emmanuel Anquetil Bldg,
Port Louis
Fax No.: 201-3562

All parts of the form should be correctly filled in.

1. **EXISTING USERNAME**

Username …….

☐ Please tick if username is not available.

2. PERSONAL DETAILS

NID: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Title (Mr, Mrs, Ms, Dr.) : ……

Surname: ……..

Forenames: ……..

Email Address: ……

3. PROFESSIONAL DETAILS (The following information is used for correspondence)

Job title:……..

Tel. & extension:…….. Fax:……

Office Address

Address 1:……..

Address 2:……..

Address 3:……

4. ORGANISATION DETAILS

Parent Ministry:…… Department:…….

Tel :…… Fax:……

5. **AUTHORISED BY** (to be signed by officer not below the rank of PAS)

Name:……

Signature:…… Date:……

Capacity in which signed……..

Official Seal of Ministry/Department

FOR CISD USE ONLY

Date received:……

Date processed:……

Processed by:……