

GOVERNMENT EMAIL SERVICES

RESET PASSWORD FORM FOR EXISTING E-MAIL 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 EMAIL ADDRESS

Email account@govmu.org

2. PERSONAL DETAILS

NID:

Title (Mr, Mrs, Ms, Dr.) :

Surname:

Forenames:

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 DPS)

Name:.....

Signature:..... Date:.....

Capacity in which signed.....

Official Seal of Ministry/Department

FOR CISD USE ONLY

Date received:.....

Date processed:.....

Processed by:.....