

## Request for <u>Removal of Access</u> from Sm8rtHealth hosted environments and information.

All individuals seeking removal of access to intellectual property or confidential information owned by Sm8rtHealth or its clients, including (without limitation) source code, specifications, documentation, designs, underwriting rules, audits, 3<sup>rd</sup> party information and other materials, must complete this form.

First name	
Surname	
Your company	
Your title or position in company	
Name of person you report to	
ID (Driver's license or NRIC or Passport No.)	
Email address	
Mobile phone	

I request removal of user access from ALL Sm8rtHealth research and development environments and eco-systems for the following reasons: (Select most relevant reason with an 'X')

I am no longer employed by the service provider under which I was granted access	
I am no longer involved in supporting Sm8rtHealth solutions	

Signed:	Dated:
Removed by:	Removal date: