

## Appendix 2 to IT-PS-08 SFTP\_form

### SFTP Account request form

- to be completed by the coordinator
- to be filled in by EDI IT team
- to be filled in by INF IT team

<b>Company name</b>	
<b>Customer CMF number</b> <i>(if applicable)</i>	
<b>Static IP address</b> <i>(select "Yes" if client has a static IP address or "No" if client has a dynamic IP address)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IP address</b> <i>(if static IP address)</i>	
<b>Email</b> <i>(contact person email address)</i>	
<b>Phone</b> <i>(contact person phone number)</i>	
<b>Raben person responsible</b> <i>(customer care specialist, business process owner etc.)</i>	
<b>Chosen solution</b>	<input type="checkbox"/> SFTP1 <input type="checkbox"/> SFTP2
<b>EDI ticket number</b>	
<b>Additional requested features</b> <i>(catalogue structure etc.)</i>	
<b>INF ticket number</b>	
<b>Created resources</b> <i>(login(s))</i>	
<b>Additional remarks</b>	