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 ……@mail.gov.mu

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 PAS)

Name:……

Signature:…… Date:……

Capacity in which signed……..

Official Seal of Ministry/Department

FOR CISD USE ONLY

Date received:……

Date processed:……

Processed by:……