



**CSD Departmental Portal (DP)**  
**New Password Request Form**

To: e-Admin Unit, CSD HQ

Fax: 2845 0874

**Part A** (To be completed by DP user)

I confirm that my DP password is lost and wish to apply for a new one for my access to DP.

Signature: \_\_\_\_\_  
Name (English): \_\_\_\_\_  
Staff no.: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Lotus Note Email Address  
(If any) \_\_\_\_\_  
Date: \_\_\_\_\_

**Part B** (To be completed by GO i/c)

I confirm that the applicant is a serving member of this institution.

Signature: \_\_\_\_\_  
Name (English): \_\_\_\_\_  
Rank: \_\_\_\_\_  
Date: \_\_\_\_\_