

Fields marked with an asterisk (\*) are mandatory.

## 1. Service Provider Subscriber Details

Last Name *	First Name *	Middle Name
Work Email Address *		
Service Provider Name *		

## 2. Request Details

### a) Urgent Request for Revocation of Access for Subscriber

- ☐ Due to potential or actual breach of privacy or security in relation to the System or the Subscriber's access to the system has occurred.

### b) Request for Inactivation / Update of Subscriber

- ☐ The Subscriber does not require access due to a change or termination of employment.
- ☐ The Subscriber is not complying with the Terms and Conditions set out in their Registration Form for access to EOIS-CaMS.
- ☐ Other (specify) \_\_\_\_\_

### c) Update Contact Information for Subscriber

- Preferred language: \* ☐ English ☐ French
- ☐ New E-mail Address: \_\_\_\_\_
- ☐ New Telephone Number: \_\_\_\_\_ Extension \_\_\_\_\_

## 3. SPRA Acknowledgment

Check appropriate box:

- ☐ I authorize the above-named Subscriber to have their EOIS-CaMS user privileges inactivated, as access is no longer required or permitted on the system for the reason established above.
- ☐ I authorize the updating of the Subscriber.

SPRA Name *	Telephone Number *
SPRA Signature	Date (yyyy/mm/dd) *
<b>X</b>	

**Note:** This form must be retained by the Service Provider for seven (7) years from the date the user's account is closed.