COUNSEL'S CHAMBERS LIMITED

A.C.N. 000 111 302   When replying please quote

VPN REQUEST FORM

NAME: _____

EMAIL ADDRESS: _____

CHAMBERS: _____

CHAMBERS ADDRESS: _____

_____

CLERK: _____

OPERATING SYSTEM on Device:

☐ **Windows**   ☐ **Mac OS X**

☐ **Android (Phone, tablet)**   ☐ **iOS (iPhone, iPad)**

By signing below you:
- Agree that you will not disclose your login credentials to anyone and acknowledge that account misuse will result in immediate and permanent disconnection.
- Agree to indemnify your floor members for any loss or damaged caused by malicious activity;
- Agree to indemnify CCL for any loss or damage caused by malicious activity as a result of your VPN connection;
- Agree to keep your virus definitions up to date and run frequent virus scans;
- Agree to promptly apply security patches to your software and operating system;
- Agree to the terms of the attached Acceptable Use Policy, and other policies that may be in force or changed from time to time.

Once this form has been filled out, signed and returned to Counsel's Chambers we will arrange access to the VPN service.

Signature: _____   **Date:** _____

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