



### **User Quick Case View**

**Form Completion Request Case** 

2

**Submitted & Completed Forms Case** 

(3

## Forms To Be Completed List

STEP 1 - COMPLETE THE ACCESS USE POLICY FORM & THE ACCEPTANCE OF SECURITY POLICY FORM

STEP 2 - COMPLETE THE 2-STEP VERIFICATION SYSTEM FORM

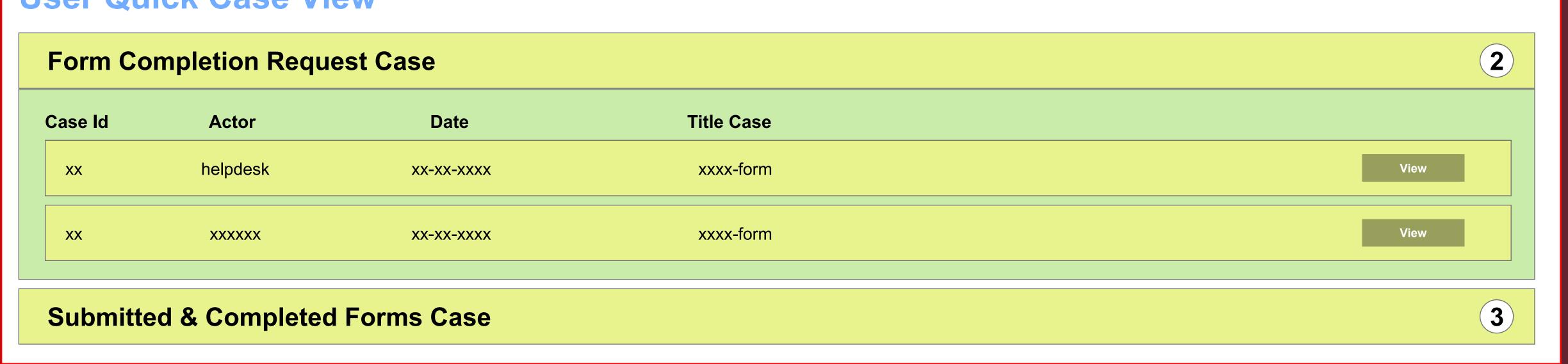
STEP 3 - COMPLETE THE USER ACCEPTANCE TRAINING FORM (APP ACCESS RIGHT)

COMPLETE

INCOMPLETE

INCOMPLETE

## **User Quick Case View**



## Forms To Be Completed List

STEP 1 - COMPLETE THE ACCESS USE POLICY FORM & THE ACCEPTANCE OF SECURITY POLICY FORM

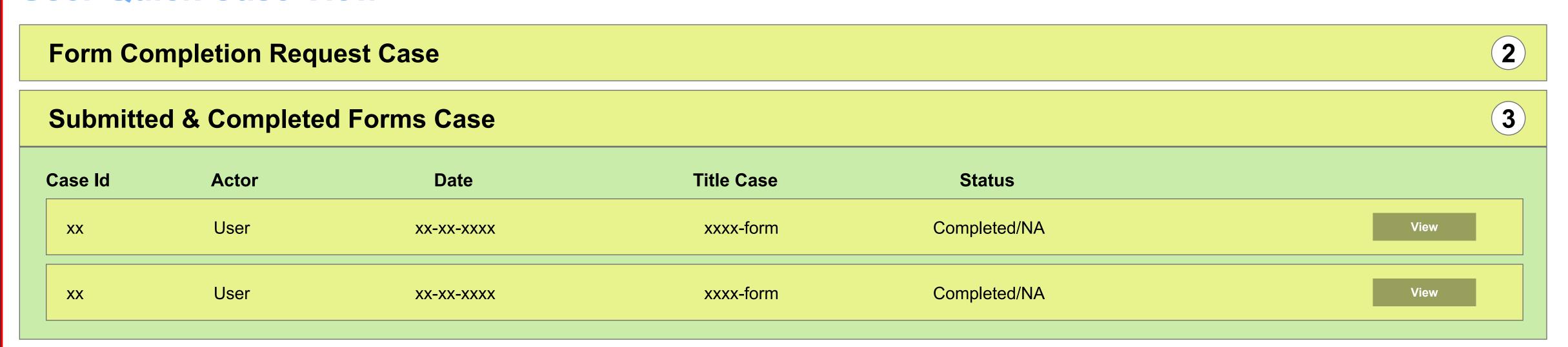
STEP 2 - COMPLETE THE 2-STEP VERIFICATION SYSTEM FORM

STEP 3 - COMPLETE THE USER ACCEPTANCE TRAINING FORM (APP ACCESS RIGHT)

INCOMPLETE



## **User Quick Case View**



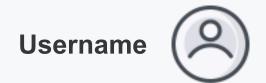
## Forms To Be Completed List

STEP 1 - COMPLETE THE ACCESS USE POLICY FORM & THE ACCEPTANCE OF SECURITY POLICY FORM

STEP 2 - COMPLETE THE 2-STEP VERIFICATION SYSTEM FORM

STEP 3 - COMPLETE THE USER ACCEPTANCE TRAINING FORM (APP ACCESS RIGHT)

INCOMPLETE



# Access Use Policy and Acceptance of Security Policy Form

ACKNOWLEDGEMENT	^
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☐ User signature	
Name:	
name	
Designation:	
designation	
Department:	
KAF Fund Management Sdn Bhd	
Date submitted:	
mm/dd/yyyy 🛗	
	<u> </u>

SUBMIT

NEW FORMS +

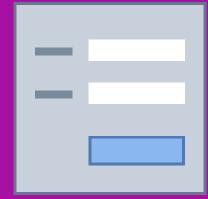


REPORTS



SIGN OUT









ACCESS USE POLICY FORM & ACCEPTANCE OF SECURITY POLICY FORM

2-STEP VERIFICATION SYSTEM FORM

USER ACCEPTANCE TRAINING FORM FOR APPLICATION ACCESS RIGHT



### APP ACCESS CASE DETAIL

Case Id: XXXXX

User/Actor: XXXXX

Date: XXXXX

**Title: New Email Account Creation Form** 

**Details:** 

Email: xxxxxxxx
Password: xxxxxxx



#### APP ACCESS CASE DETAIL

Case Id: XXXXX	
User/Actor: XXXXX	
Date: XX-XX-XXXX	
Title: Confirmation of	f The Approved Application Access Right Form
Details:	
Name: xxxxxxxx Designation: xxxxxxx Department: xxxxxxx  SERVICE REQUIRED  App1 App2 App3 App4 App5 App6	Date approved:
✓ HOD signature	01/01/2019
Status: AP	PROVED



### SUBMITTED & COMPLETED FORM CASE DETAIL

Coop Id. VVVVV	
Case Id: XXXXX	
User/Actor: XXXXX	
Date: XX-XX-XXXX	
Title: The Access Use Policy a	and The Acceptance of Security Policy Forms
Details:	
Name:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Designation:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Department:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Date submitted:	
01-01-2019	
<b>✓</b> User signature	
Status: COMPLETE	



## **Access Use Policy Form**



ACKNOWLEDGEMENT			
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Name:			
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Department:			
KAF Fund Management Sdn Bhd	~		
Date:			
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SUBMIT