

## USER ACCESS REQUISITION FORM

| Application Name*  Username*  Upm Com.  Prinance Head Upm Com.  Account Ingr-CPA  Business Finance  Bu |   |               |            |          | The state of the s |              |              |  |               |
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| Application Name*  Username* (Like (Desktop ID)  Savjanashah (2)  Location / Plant* (Location / Plant* (Like Matteria*)  Location / Plant* (Like Matteria*)  Masters* (Like Matteria*)  Masters* (Like Matteria*)  Masters* (Like Matteria*)  Masters* (Like Matteria*)  Privilege / Role*  Account API Marketing API Marketing Business Finance Business  | Request Type                            | Create        | 3          | odify    | Deactiv  | /ate /Disabl | е            |  |               |
| Application Name*  Username* (Desktop ID)  Department* (Desktop ID)  Customer/BOM-Recipe etc.)  Saujana.sheh @ Finance Head (Upin Conn)  Account API Marketing API Marketing Business Finance Business Finance Central Supply Planner Conn  Con  Con  Con  Con  Con  Con  Co   |   |               | Ap         | plicatio | n Access   |              |              |  |               |
| Username* (Like Masters* (Like Masters*)  Studyanashah (2) Finance Lead (Upin Conn.)  Api Markeing (2) Finance Head (1) PDL (1) Site IT (2) Supply Chain (2) Short (1) Site IT (2) Shainess Head (2) IRF - CFA (2) Upin Assurance (2) Short  | Application Name*                       |               |            |          |  |              |              |  |               |
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| Account Account AP Finance Head PDL Site IT API Marketing GSCO Production SME  Business Finance Business Finance Pead Purchase Production Pead Spoc Controlled Substance Paper Polychain  R&D / PDL Supply Chain Others (If any): Panel Approver Paper Polychain Pead Paper |   |               |            | Privil   | ege / Role   | *            |              |  |               |
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| Business Head  Business Head  Central Supply Planner  Central Supply Planner  Copa  Central Supply Planner  Copa  Department Head  Distribution Head  Distribution Head  Division Head  Division Head  Excise  Comments / Remarks (if any)*: MWT to be made to employee priya Shrtble.  Signatures  Signature  Signature  Requester*  Panel Approver!  Signature  Signature  Signature  Signature  Panel Approver!  Signature  Signature  Panel Approver!  Signature  Signature  Signature  Signature  Al Io 22.  A Manager / Designee  New York Surplone Shah,  Date  Date  Name  Name  Signature  Oate  |   | 1             |            |          | roduction  | T            | SDOC         |  |               |
| Central Supply Planner   |   |               |            |          | uality Assura  | ınce         | SPOC Con     | trolled Substance  |               |
| CQA Department Head Department Head Distribution Head Distribution Head Distribution Head Division H | Central Supply Planner                  | IRF - CW      | H          |          | uality Contro  |              | Supply Cha   | ain  |               |
| Department Head   MISC Co-ordinator   RA   Distribution Head   MISC Panel1   RDM   Division Head   MISC Panel1   S&M Head   Division Head   MISC Panel1   S&M Head   Division Head   MISC Panel1   S&M Head   Division Head   MISC Panel1   MISC | CQA                                     | Master Co     | ell        |          | &D/PDL   |              | Others (If a | any):  |               |
| Distribution Head   MISC Panel   RDM   S&M Head   RDM   S&M Head   RDM   S&M Head   RDM   S&M Head   RDM   Site Head   RDM   R | Department Head                         | MISC Co       | -ordinator |          | A  |              |              |  |               |
| Excise    Division Head   Site | Distribution Head                       | MISC Pa       | nel1       |          | DM   | T            |              |  |               |
| Comments / Remarks (if any)*: MMT to be map to very sanjane shah,  Signatures  Requester *  Repartment Manager / Designee  Neeray Jain .  Name  Signature  31 10 22.   | Excise                                  | Panel Ap      | prover1    |          | ite Head   |              |              |  |               |
| Requester*  Department Manager / Designee  Name  Name  Name  Name  Name  Name  Name  Name  Name  New and Shah  New and Shah  New and Jun 31 10 22.   | Comments / Remarks (                    | if any )* · 🗸 | MT t       | R        | map &  | NO USUN      | Sanjar       | no shah,   |               |
| Signatures  Name  Signature  Signature  Signature  |   | 2             | ropped     | with     | ex em  | ) oyee       | s while d    | hitale.  |               |
| Sanjana Shah. Jewana.  |   |               |            | Sig      | natures  |              |              |  |               |
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| Neeray Jain. Minn  | vednester                               |               | Panjana    | Shall    |  | Jour and     | , (          | 31/10/22   |               |
|  | Department Manager / [                  |               | Vec Yay    | dair     |  | 2            | 2            | 31/10/22   |               |
|  | QA Manager / Designee                   |               | ر          | •        |  |              |              |  |               |