

IT Installation/ Repair Request Form

Date of Request

2021-05-11

2021.5.12
SIGNATURE
Local Supervisor/Manager

2021.5.12
SIGNATURE
Japanese Department Manager

Name: CAIDS PLM

I.D No. NONE

PC Name/No: NONE - TFXC0746, TFXC0753, TFXC0755 New User
Div/Dep't: QA/QC PLASTIC MOLDING 2 4 and 5 laptop

Type of Installation

☒ (Entry)
(For Install) ☐ (Exit)
(For Deletion)

☐ R-Pics System

☐ Cybozu/Garoon

☐ E-Mail

☐ Active Directory

☐ Siam System

☐ Data Surfing

☐ Change of PC User

previous user/I.D No.:

current user/I.D No.:

☐ File Server Drive

(specify)

1. QA/QC Server (Full Control) ✓
2. CAIDS server / ASIDS PLM, PLM, CHECKSHEET (Full Control)

(purpose)

To access the CAIDS system for inspection in full control.

☐ Transfer of PC

from dep't

to dep't

☐ Software

(specify)

(purpose)

☐ Others

(specify)

☐ Firewall Policy

(Select Policy Level Number) () Select from 1, 2, 3, 4

Reason for Application

Policy Validity Period

Date From (yyyy/mm/dd)

Date To (yyyy/mm/dd)

Note: Do not fill-up Validity Period if Permanent

Requests Performed by:

SUSETTE SURBANO
IT MEMBER

2021-05-11
Date and Time of Execution

Document No.	TCF-G022	Ver.	3	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2021-04-15	Prepared by:	Checked by:	Approved by:	2 YEARS
		SUSETTE SURBANO	REY DAGATAN/AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	