

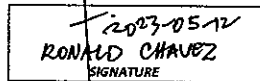
# IT Installation/ Repair Request Form

Date of Request

2023-05-12

  
N. GARROVES  
SIGNATURE

Prepared By:

  
2023-05-12  
RONALD CHAVEZ  
SIGNATURE

Local Supervisor/Manager

  
2023-05-15  
DAISUKE NAKAYAMA  
SIGNATURE

Japanese Department Manager

Name of User RUBY ANN A. BULAMBAD

I.D No. 02069

PC Name/No: TFXC099T

Div/Dept: WIRE ROPE - NYLON COATING

Position: Worker 1 - (SAP, MRP, Consumable Controller)

Select the purpose of Application	<input type="checkbox"/> For New PC Issuance Request	<input type="checkbox"/> (For PC replacement request) <small>If you check here, attached the signed TFI-S15-G030 form</small>	<input type="checkbox"/> System Registration and Job Request
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## (Systems Registration and Job Requests)

- |  |  |
|--|--|
| <input type="checkbox"/> Cybozu/Garoon   | <input type="checkbox"/> Wireless Network                |
| <input type="checkbox"/> E-Mail  | <input type="checkbox"/> LAN Cable Assembly/Installation |
| <input type="checkbox"/> Domain ID   | <input type="checkbox"/> MS Teams Account                |
| <input type="checkbox"/> PC Reset/Reformat   | <input type="checkbox"/> Documentum/Astrux System        |
| <input type="checkbox"/> SAP   | <input type="checkbox"/> Toss System                     |
| <input type="checkbox"/> Change of PC User<br>previous user/I.D No.: _____ current user/I.D No.: _____ |  |
| <input type="checkbox"/> File Server Drive<br>(specify) _____ (purpose) _____                          |  |
| <input type="checkbox"/> Transfer of PC<br>from dept' _____ to dept' _____                             |  |
| <input type="checkbox"/> Software<br>(specify) _____ (purpose) _____                                   |  |
| <input type="checkbox"/> Others (specify) _____  |  |

☒ Firewall Policy

(Select Policy Level Number) (2)

Select from 1, 2, 2A, (3) 3A

Reason for Application Consumable requisition pictures - attachment to requests  
(Need internet connection for processing requisition to purchasing)

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:

  
IT MEMBER

2023-05-15

Date and Time of Execution

Related Document: TCT-G007

Document No.	TCF-G022	Ver.	4	TOYOFLEX CEBU CORPORATION		Retention Period
Effectivity Date	2022-10-27	Prepared by:	Checked by:	Approved by:		2 YEARS
		REY DAGATAN	AMADITO ORTIZANO	TAKAFUMI MATSUNAGA		