

## IT Installation/ Repair Request Form

Record Control NO. : G-RF-29800-12024-07-23

Date of Request

Shaina I. Xriergado  
NAME & SIGNATURE

Prepared By:

Martyn Landin  
NAME & SIGNATURE

Local Supervisor/Manager

KC O. Ortizano  
NAME & SIGNATURE

Japanese Department Manager

OK

Name of User: Shaina I. XriergadoI.D No.: 009465PC Name/No: TFXC0926Div/Dep't: Wire Rope (Support Group) / Factory DevicePosition: Production Encoder

|                                   |  |   |  |
|-----------------------------------|--|---|--|
| Select the purpose of Application | <input type="checkbox"/> For New PC Issuance Request | <input checked="" type="checkbox"/> (For PC replacement request)<br><small>If you check here, attached the signed TCF-G084 form</small> | <input type="checkbox"/> System Registration and Job Request |
|-----------------------------------|--|---|--|

## (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 checked="" type="checkbox"/> SAP   | <input type="checkbox"/> Toss System                     |
| <input checked="" type="checkbox"/> Change of PC User<br>previous user/I.D No.: <u>008983</u> current user/I.D No.: <u>009465</u>   |  |
| <input checked="" type="checkbox"/> File Server Drive<br>(specify) <u>Wire rope &amp; Inventory</u> (purpose) <u>To view files.</u> |  |
| <input type="checkbox"/> Transfer of PC<br>from dep't _____ to dep't _____  |  |
| <input type="checkbox"/> Software<br>(specify) <u>MALSY</u> (purpose) _____   |  |
| <input type="checkbox"/> Others (specify) _____   |  |

☐ Firewall Policy

(Select Policy Level Number)

|                          |                          |                          |                          |                          |    |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |
| Select from:             | 1                        | 2                        | 2A                       | 3                        | 3A |

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 MEMBER2024-07-24 / 8:15Am

Date and Time of Execution

Related Document: TCT-007 &amp; TCF-G084

|                  |            |                |             |                           |                  |
|------------------|------------|----------------|-------------|---------------------------|------------------|
| Document No.     | TCF-G022   | Ver.           | 5           | TOYOFLEX CEBU CORPORATION | Retention Period |
| Effectivity Date | 2023-07-24 | Prepared by:   | Checked by: | Approved by:              | 2 YEARS          |
|                  |            | RUSHKY ESTRERA | REY DAGATAN | AMADITO ORTIZANO          |                  |