USER ID REQUEST FORM (Issuance and Termination)

Alloy		AlloyMtd Group of Cor	mpanies	Date :			Request for ID Issu	ance		
Alluyiv	114	IT Department Tel: +603-6195 1111		Date :			Request for ID Terr	nination		
,		Fax: +603-6187 8006					·			
Requestor (Ti	ck Wher	e Applicable)								
Full Name	: .					Permane	ent Staff			
Company Nar	ne :						/ Temporary Staff		-	
Department	: .						, ,			
Designation Phone No				Extension :						
PHONE NO	•			extension .		_				
Application	Email		MBA			Internet *				
	IFCA		* Others (please specify)			justifications to be er			
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	JDE Atcom					Permaner	nt Access	1		
	Orisoft					Temporar				
	BOSS					Duration:				
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Requested by			Recommended by				Approved by			
Signature (App	licant)		Signature (Immediate S	_ Superior)		-	Signature (HOD)	=		
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			Name :				Name :			
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