



MTD GROUP

Appendix 12

VIDEO CONFERENCE REQUISITION FORM

NAME :

COMPANY/DEPARTMENT :

DATE & TIME REQUIRED : NO. OF HOURS :

PURPOSE :

REQUESTED BY : (Requestor) APPROVED BY : (Head of Department)

DATE : DATE :

Note: 1-Requisition form should be submitted to IT Department at least 3 working days in advance
2-Video conference meeting room reservation is based on first come first serve basis

FOR IT DEPARTMENT USE ONLY

RECEIVED BY : DATE :

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(Signature)

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RIJALUDDIN SALLEH
Senior General Manager, Head
Group Compliance & General Services Division