
	MTD GROUP	DOC NO.	ISSUE:
		REV. DATE: 12 Feb 2020	3 REV. NO. 5
TITLE:	APPENDICES		

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		REV. DATE: 12 Feb 2020	REV. NO. 4
POLICY TITLE:	SOFTWARE SUPPORTED BY ITD	APPENDIX: 1	

ITD supports the following software but not limited to:-

- Microsoft Windows Operating System family;
- Microsoft Office (Word, Excel, Power Point & Outlook);
- Microsoft Project;
- Microsoft Visio;
- Anti Virus;
- Microsoft Publisher;
- IFCA (Contract Plus, ERP, Property);
- Internet Browser;
- JD Edwards;
- SAGE ERP;
- Orisoft ;
- AtCom Payroll;
- Boss Payroll;
- Primavera;
- AutoCad;
- Acrobat Standard;
- FACT system;
- Cheque Writer system;
- Smartphone and tablets.

USER ID REQUEST FORM (Issuance and Termination)

Appendix 2



MTD Group
IT Department
Tel : +603-6195 1111
Fax : +603-6187 8006

Date : _____

Request for ID Issuance

Date : _____

Request for ID Termination

Requestor (Tick Where Applicable)

Full Name : _____
Company Name : _____
Department : _____
Designation : _____
Phone No : _____

Extension : _____

Permanent Staff	<input type="checkbox"/>
Contract / Temporary Staff	<input type="checkbox"/>

Application	Email	
	IFCA	
	SAGE	
	JDE	
	Atcom	
	Orisoft	
	BOSS	

MBA	
* Others (please specify)	

Internet * ☐

*Detailed Justifications to be emailed to IT Head

*Subject approval by SGM/CFO/COO/CEO

Permanent Access	<input type="checkbox"/>
Temporary Access	<input type="checkbox"/>
Duration:	

Requested by

Recommended by

Approved by

Signature (Applicant)

Date :

Signature (Immediate Superior)

Date :

Name :

Signature (HOD)

Date :

Name :

Acknowledge Acceptance

I have read and understood the Acceptable use of IT Facilities Policy. I am also bound by the Letter of Undertaking and Indemnity that governs and regulates my use of MTD's computing and network facilities.

Signature

Date :

Name :

User ID : _____

Email : _____

ID Termination

Effective Date : _____

Recommended by

Approved by

Remarks:

Signature (Immediate Superior)

Date :

Name :

Signature (HOD)

Date :

Name :

Group IT Department Use

Internet Access Requisition

Recommended / Not Recommended by

Remarks:

Approved / Not Approved by

Signature (Head of IT Department)

Date :

Signature (SGM/ CFO / COO /CEO)

Date :

ID Issuance

Approved by

Created by

Remarks:

Organisation Unit (OU)

Configured by

Signature (Head of IT Department)

Date :

Name :

Signature (Systems Admin)

Date :

Name :

Signature (Systems Support)

Date :

Name :

ID Termination

Approved by

Terminated by

Remarks:

Removed by

Signature (Head of IT Department)

Date :

Name :

Signature (Systems Admin)

Date :

Name :

Signature (Systems Support)

Date :

Name :

RIJALUDDIN SALLEH

Senior General Manager, Head

Group Compliance & General Services Division



MTD Group
IT Department
(Tel): 03 – 6195 1111
(Fax): 03 – 6188 0101

From:
(Name)

.....
(Employee No.)

To:
(Company)

Date:

LETTER OF UNDERTAKING AND INDEMNITY

1. I, (NRIC No.), acknowledge that computer and communication facilities of MTD Group or of any company in the MTD ("the Company") are made available to me for the discharge of my duties as an employee of the Company.
2. I further acknowledge that the provision of such facilities is governed by the Company's policies and guidelines, including guidelines as per the **Appendix**, which may be amended from time to time at the Company's absolute discretion.
3. I hereby undertake to adhere to the above policies and guidelines.
4. I also acknowledge and agree that in order to prevent unauthorized use of the facilities, the Company may automatically log and monitor the usage activity of the facilities made available to me and detailed investigations may be undertaken.
5. I agree that the Company may take disciplinary action against me for any unauthorized use and/or failure to observe the abovementioned policies and guidelines.
6. Notwithstanding the disciplinary action mentioned above, I further agree to indemnify and save harmless the Company and its successors and assigns from any claim, action, liability, loss, damage or suit arising from my unauthorized use and/or non-compliance with such policies and guidelines.
7. This Letter of Undertaking and Indemnity shall be unlimited as to amount or duration and shall be binding upon and inure to the benefit of the parties herein, their successors and assigns.
8. I have read and understood **Acceptable use of IT Facilities policy**. I am also bound by the **Letter of Undertaking and Indemnity** that governs and regulates my use of MTD's computing and network facilities.

Yours faithfully,

.....
(Name:)

GUIDELINES ON USE OF COMPUTER FACILITIES

1. These guidelines apply to employees to whom Company computer and communication facilities are made available and to those who use or gain access to the Company computer network. Adherence to these guidelines minimizes the risk of breach of integrity of the Company's computer systems, reduces the likelihood of any legal liability against the Company and employees, and optimizes the use of the Company's resources.
2. Computer and communication facilities are provided to employees for economical, effective and efficient performance of their work/duties.
3. Computers attached to the Company network must not be simultaneously connected to other network.
4. Computers attached to the Company network are installed in accordance with specifications defined by IT Department (ITD). Employees are not permitted to change any settings without first consulting with ITD. Employees must not attach any device or equipment to the Company network without prior approval of ITD.
5. Employees are responsible for ensuring the physical security of the Company devices under their control.
6. If employees receive an e-mail by mistake they should respect the confidentiality of its contents, delete the e-mail and inform the sender. Employees must not send the e-mail onto the likely intended recipient; this is the responsibility of the original sender.
7. Employees must not install any software without prior approval of ITD.
8. Employees must not make use of Internet chat, instant messaging facilities, data streaming or downloads which are not related to their work.
9. Employees must not divulge their passwords or allow anyone else to use their account at any time. Employees must not use their work password for any other purpose.
10. Employees must ensure their computers are password-locked when left unattended.
11. Users of laptops, personal digital assistants (PDAs), smart phones, etc., must contact ITD to discuss appropriate arrangements for ensuring that security software, such as anti-virus software, system patches and/or personal firewalls, are kept up-to-date.
12. Employees must not allow Company's wireless devices (e.g., Bluetooth devices) to be accessible to other devices without appropriate authorization.
13. All employees must report to ITD actual or suspected security incidents.
14. On leaving the Company employment, employees must return all Company-owned computer and communication equipment and data that have been issued to them. Employees must also return equipment and software licenses upon demand by the Company.



MTD Group
IT Department
Tel : +603-6195 1111
Fax : +603-6187 8006

Appendix 5

IT Assets Issuance / IT Assets Return

User : _____
Company : _____
Location : _____
Department : _____
Computer Name : _____

Date : _____

Description Name	Serial No	IT Code	Asset Code	Status	
				Issue	Return

Remarks (ie: Software details)

Acknowledge receipt by

Acknowledge return by

Signature

Name :

Date :

Signature

Name :

Date :

Issued by

Checked / Received by

Signature (IT Personnel)

Name :

Date :

Signature (IT Personnel)

Name :

Date :

Basic Terms & Condition / responsibilities of users:

1. User must verify & acknowledge receipt of the items by signing in the receipt column
2. User will be responsible for safekeeping of the items and must return it in same condition if required
3. User must justify for any damages or losses, and must replace or reimburse the cost if due to negligence

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

Ver4/02.07.2018



MTD Group
IT Department
(Tel): 03 - 6195 1111
(Fax): 03- 6188 0101

Appendix 6

Change Request Form

Sec 1: To be completed by REQUESTOR

Name	Date Requested:
Designation	
Change Request	Expected Completion Date
System(s) affected:	
Module(s) affected:	
Justification	Impact
Approved by HOD of Requestor	
Name:	Date:

Sec 2: To be completed by IT Department

Development: APPROVED / NOT APPROVED	System Category: NEW / ENHANCEMENT / EXISTING	Project Start Date:	Developer Assigned:
Description			
* Please attach supporting documents if any			
Reviewed by System Coordinator		Approved by IT Department	
Signature: Name :	Date:	Signature: Name :	Date:

Sec 3: Acknowledgement upon System Completion

Carried out by	Reviewed by System Coordinator	Verified by Head of IT Department	Verified By HOD of Requestor
Signature: Name: Date:	Signature: Name: Date:	Signature: Name: Date:	Signature: Name: Date:

Version 4.0/02.07.2018

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



MTD Group
IT Department
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Appendix 7

IT SUPPORT MANAGEMENT SYSTEM

CASE FORM

Your Profile Information	Your Case Details
<p>Your Name :</p> <p>NAFIZA BINTI MAT ARIFFIN</p> <p>Employee No :</p> <p>MPMS0394</p> <p>Email :</p> <p>nafiza.ariffin@asoyntd.com</p> <p>Position :</p> <p>ASSISTANT VICE PRESIDENT, SYSTEM ADMINISTRATION & AUDIT</p> <p>Company/Department :</p> <p>IT & TECHNICAL SUPPORT DEPT</p> <p>Group Company :</p> <p>MTD PROJECT MANAGEMENT SERVICES</p> <p>Location :</p> <p>HQ</p>	<p>* Case Type :</p> <p>GENERAL SOFTWARE AND HARDWARE</p> <p>* Your Case Details :</p> <p>Attachment (if any) :</p> <p>* Allowed file types: pdf jpg png gif</p> <p>* Maximum file size: 2MB</p> <p><input type="button" value="Choose File"/> No file chosen</p> <p>* Level (if HQ) / Location (if Site/Factory/Toll Plaza) :</p> <p>* Extension/Phone No. :</p> <p><input checked="" type="button" value="SUBMIT"/> (*) - Required field</p>

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



MTD GROUP
IT DEPARTMENT
LOAN IT EQUIPMENT FORM

Appendix 8

Loan Date:

Return Date:

Full Name :

Company :

Department :

Contact No :

Duration of Loan : day(s)

Equipment Information

Type & Model : _____

Equipment Serial No: _____

Reason: _____

.....
Signature
(Requestor)

Date:

.....
Approved By
(Head of Department)

Date:

.....
Authorised By
(Head of IT)

Date:

ACKNOWLEDGEMENT RECEIPT

I hereby understand that I will be held responsible for any damage of the equipment throughout the loaning period.

.....
Signature

Name:

Date:

ACKNOWLEDGEMENT RETURN

I hereby acknowledge return of the above loaned equipment in good order.

.....
Signature

Name:

Date:

For IT Department use only


Handed over by :

Date :

Received by :

Date :

.....
RUALUDDIN SALLEH
Senior General Manager, Head
Group Compliance & General Services Division
Ver4/02.07.2018

	MTD GROUP	DOC NO.	ISSUE:
		REV. DATE:	REV. NO.
POLICY TITLE:	CONTACT LIST	APPENDIX: 10	

Name	Position	Company	Office Phone No.	Mobile Phone No.
Zahidi Ali	Senior Manager, Head of IT	MTD Group – IT Group	Ext. 1104	012-4668383
Sahrul Mohd Salleh	Senior Manager, IT	MTD Group – IT Group	Ext. 1148	019-2415347
Adrizal Jaafar	Manager, IT	MTD Group – IT Group	Ext. 1221	019-3872774
Nafiza Ariffin	Asst. Manager, IT	MTD Group – IT Group	Ext 1300	018-2161129
Tan Wee Mee	Asst. Manager, IT	MTD Group – IT Group	Ext. 1118	019-2827728
Norbisarman	Asst. Manager, IT	MTD Group – IT Group	Ext. 2512	012-9173900
Suriyani Sabtu	Asst. Manager, IT	MTD Group – IT Group	Ext. 1400	012-3455309
Dahlia Deris	Snr. Executive	MTD Group – IT Group	Ext. 2511	012-3613363
Mohd Salleh Mustafa	Snr. Executive	MTD Group – IT Group	Ext. 1378	016-3042575
Nur Zamnah	Snr. Executive	MTD Group – IT Group	Ext. 2336	019-3136449
Mah Horng Liang	Snr. Executive	MTD Group – IT Group	Ext. 2513	017-8873372
Mohd Fuad Yahya	Snr. Executive	MTD Group – IT Group	Ext. 2512	019-2583242
Mohd Amir Aizat Ismail	Account Manager	Mesiniaga	603-56287712	019-6966636
David Chan	General Manager	IGS	603- 56312385	012-2737488
Angeline	Sales Specialist	GS Premium	603-21446133	012-3610193

	MTD GROUP	DOC NO.	ISSUE:
		REV. DATE:	REV. NO.
TITLE:	E-mail Flow for Complaint Log	APPENDIX: 11	

Step	Action	Email flow
1	User keys in complaint log in "IT Support Management System (ITMS)"	To: User IT Support Team Cc: Respective HOD IT Support - Sr Exec
2	Complaint log assigns to one of the IT staffs	To: IT Support personnel
3	If complaint incurred COST, recommendation to user to raise RQ will be notified	To: User Cc: Respective HOD & Sr. Exec
4	Close complaint log	To: User IT Support personnel Cc: Respective HOD IT Support - Sr Exec



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 :

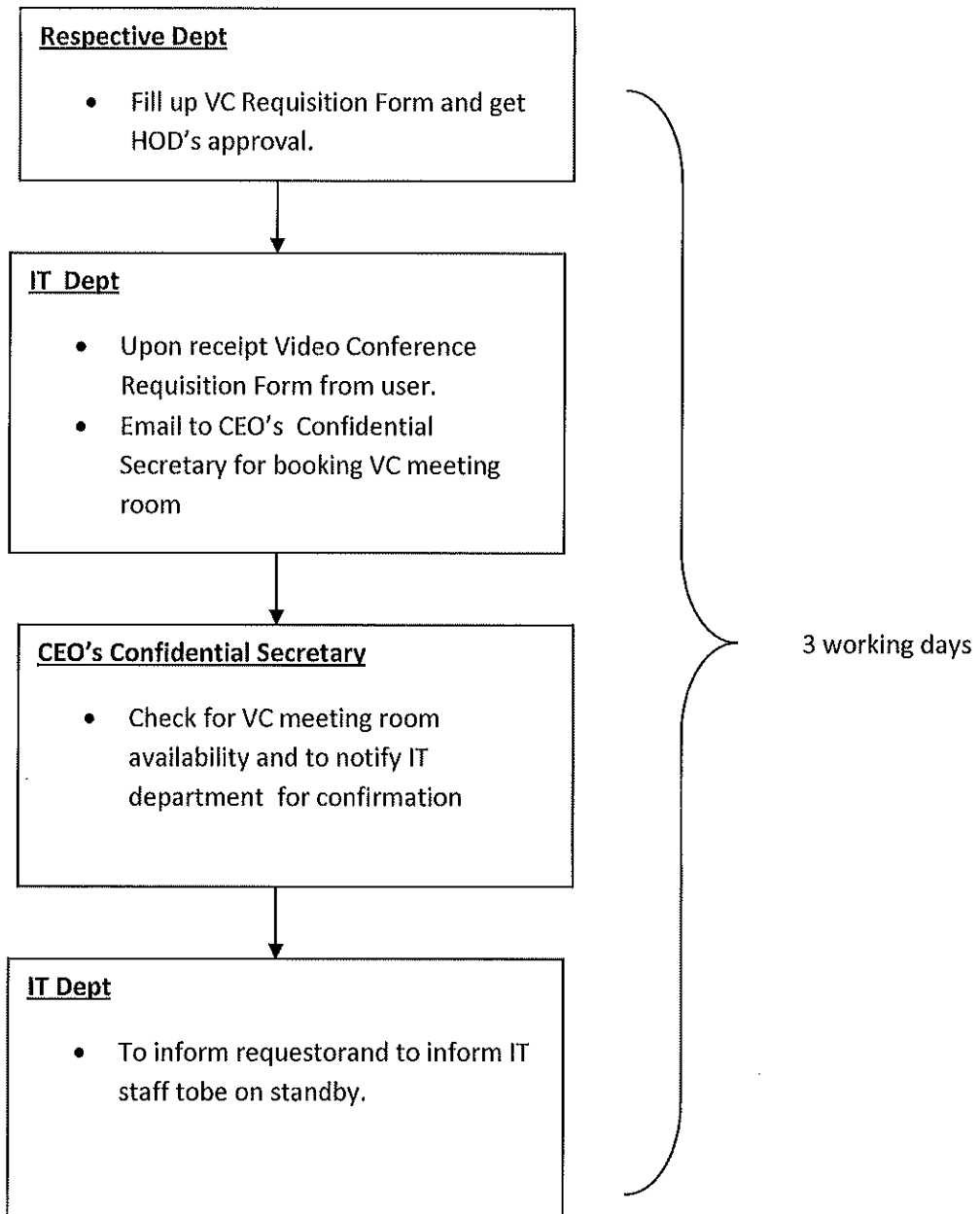
DATE :

.....
(Signature)

Version 2 / 02.07.18

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

PROCESS FLOW FOR REQUISITION OF VIDEO CONFERENCE MEETING ROOM



SYSTEM ACCESS REQUEST FORM

USER DETAILS			
Staff Name :		Date :	
Position/Title :		Company/Dept :	
SYSTEM			
Role : <input type="checkbox"/> View <input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Delete		System: <input type="checkbox"/> IFCA C+ <input type="checkbox"/> SAGE 300 <input type="checkbox"/> IFCA.NET Posting Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SYSTEM ACCESS MODULE			
SAGE 300 & IFCA C+			
Company to be Accessed :		Financial :	
<input type="checkbox"/> META <input type="checkbox"/> ACPI <input type="checkbox"/> ACSB <input type="checkbox"/> MTD Cap <input type="checkbox"/> ANIH <input type="checkbox"/> MPSB <input type="checkbox"/> ACPM <input type="checkbox"/> AME <input type="checkbox"/> MTD PMS <input type="checkbox"/> Others <input type="checkbox"/> PGSB <input type="checkbox"/> ACPDMT <input type="checkbox"/> AASB <input type="checkbox"/> MTD Equity <input type="checkbox"/> MESB <input type="checkbox"/> Makin <input type="checkbox"/> ATM <input type="checkbox"/> MTD Properties <input type="checkbox"/> MTD Con <input type="checkbox"/> ASC Tiles <input type="checkbox"/> AIB <input type="checkbox"/> Setara Selasih <input type="checkbox"/> Persys		<input type="checkbox"/> Account Payable (AP) <input type="checkbox"/> Account Receivable (AR) <input type="checkbox"/> Project Ledger (PL) <input type="checkbox"/> General Ledger (GL) <input type="checkbox"/> Cash Book (Bank) <input type="checkbox"/> Fixed Asset <input type="checkbox"/> Others	
IFCA C+			
<input type="checkbox"/> Distribution <input type="checkbox"/> Sales Order Processing (SOP) <input type="checkbox"/> Inventory Control (IC)		<input type="checkbox"/> Contract Management <input type="checkbox"/> Supplier Management / Purchase Order (PO) Processing <input type="checkbox"/> Fixed Asset & Barcode <input type="checkbox"/> Others	
IFCA.NET		ERP +	
<input type="checkbox"/> Property Sales Management <input type="checkbox"/> Residential Management <input type="checkbox"/> Rental Management		<input type="checkbox"/> Bill of Materials (BOM) <input type="checkbox"/> Backflush	
		Consol +	
		<input type="checkbox"/> Financial Consolidation (Consol+)	
Requested by:		Recommended by :	
Signature (Applicant) Name : Date :		Signature (Immediate Superior) Name : Date :	
		Approved by :	
		Signature (HOD) Name : Date :	
FOR IT DEPARTMENT USE ONLY			
User ID :			
User Group :		User Level :	
<input type="checkbox"/> Administrator <input type="checkbox"/> Manager <input type="checkbox"/> Executive <input type="checkbox"/> Non Executive <input type="checkbox"/> Trainee		<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 7 <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9	
Created by :		Suspended by:	
Signature Name : Date :		Signature Name : Date :	
Verified by :		Verified by :	
Signature (Immediate Superior) Name : Date :		Signature (Immediate Superior) Name : Date :	
Remarks :			

	MTD GROUP	DOC NO.	ISSUE:
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POLICY TITLE:	In-house Product List	APPENDIX: 15	

The following is the IT Department In-House Product list but not limited to:-

1. Document Management System (DMS)
2. Phone Directory System
3. IT Support Management System (ITSMS)
4. Policies and Procedures Portal
5. E-Leave System
6. E-Training System
7. E-Survey
8. Corporate Handbook 2016 (for Executives)
9. E-Notification System (ENS)
10. Transport Monitoring System (TMS)
11. Admin Billing Information System (ABIS)
12. IT Asset System
13. Vehicle Management Information System (VMIS)
14. Electronic Maintenance Intervention System (EMIS)
15. ACSB Movement System
16. Nilam Movement System
17. Security Attendance System
18. Toll Biometric Attendance System
19. Toll Inventory System
20. TOMMS Report System (ANIH)
21. E-Procurement System
22. E-Meeting System
23. Sub-Contractor Registration System
24. IT Monitoring System
25. E-Travelling System
26. Complaint Management Report (CMR) System
27. Slope, Pavement& Culvert Inspection (eSPIC) System (ANIH)
28. E-Admin Portal



MTD GROUP

Appendix 16

REF NO. ITD/TSSM/TSA/

MTD GROUP
TOLL SYSTEM ACCESS FORM (TSAF)

NO	*TYPE	NAME	POSITION	*LOC/LEVEL ACCESS	BADGE ID	W.E.F	QTY CARD	REMARKS
1								
2								
3								
4								

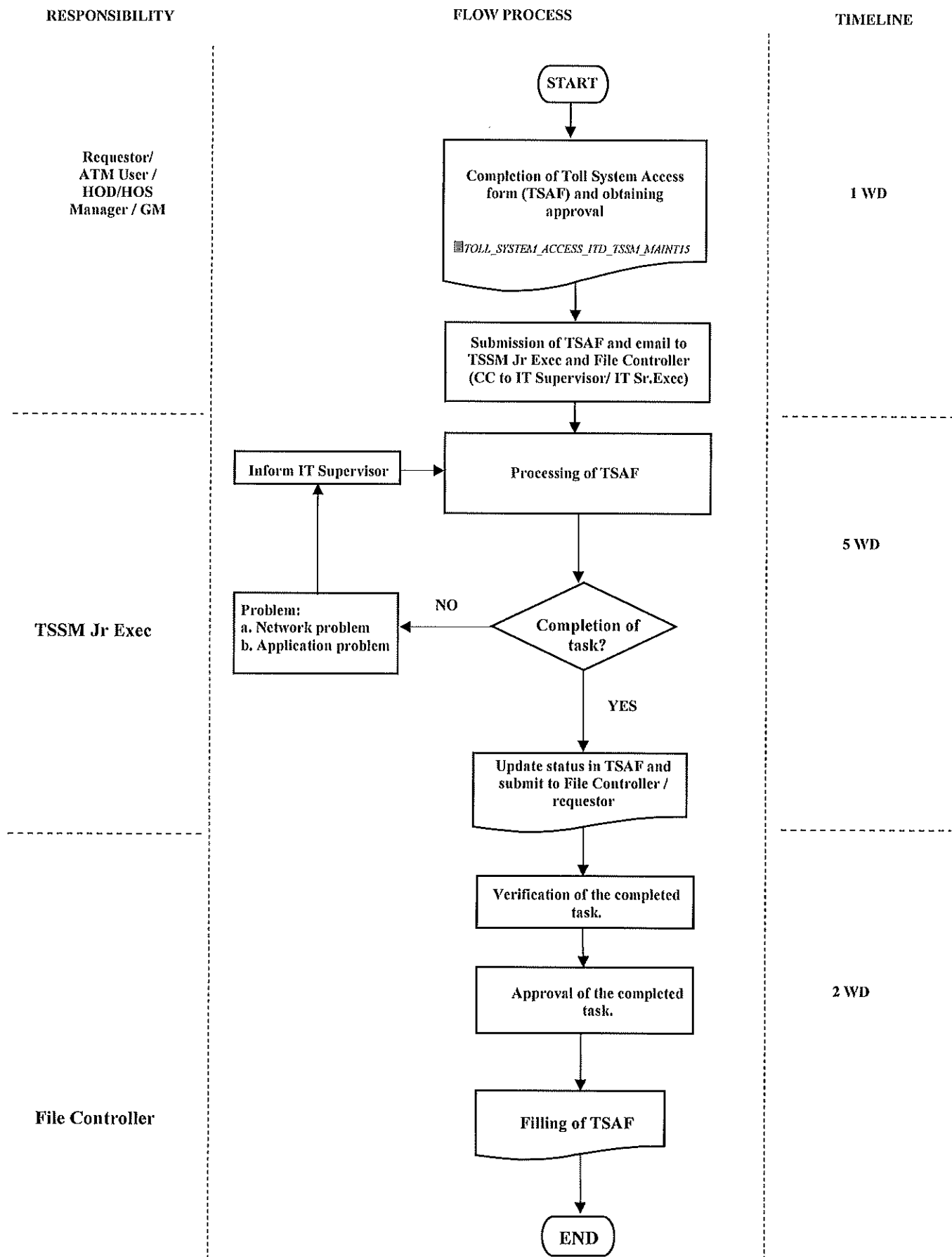
ATMSB REQUEST

Request By	_____	Date	_____	Checked By:	_____
Remarks:	_____			(HOS/ Supervisor / Sr. Executive)	_____
	_____			Approved By:	_____
	_____			(HOD/ HOS)	_____

IT DEPT USE					
Reference(s) :	_____	Ref. No. :	_____		
Handled By :	_____	Date / Time Uploaded :	_____		
Status :	_____	Checked By :	_____		
Remark(s) :	_____	Verified By :	_____		
	_____	Approved By :	_____		
	_____	(Jr Executive/Executive)	_____		
	_____	(HOS/ Supervisor / Sr. Executive)	_____		
	_____	(HOD / Manager/ Gen. Manager)	_____		

*Legend : AI : Active New ID BC : Badge New Card RI : Reactive ID RB: Rebadge Card ID : Inactive ID AS : Activate Service DS : Disabled Service
1.Toll Collector 2.Supervisor 3.System 4.Assist Supervisor 5.Maintenance 6.Monotoring Executive 7.Operational Executive 8.IT Personnel 9. Dist Centre Officer 10. Operational Manager

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

ACTIVATE OR IN-ACTIVATE USER TOLL COLLECTION SYSTEM ACCESS

Onsite / Offsite Tape Storage Form

Date: _____

(Tick applicable)

<p>Offsite Tape Storage <i>(From HQ to Gombak Toll Plaza)</i></p>	
--	--

<p>Onsite Tape Storage <i>(From Gombak Toll Plaza to HQ)</i></p>	
--	--

Tape Details

[illegible]

Prepared by

Signature (Systems Administrator)
Date:

Acknowledged by

Signature (Transporter)
Name:
Date:

Notes

Acknowledgement

I hereby acknowledge that all tapes have been inspected and are without defect.

Signature
Name:
Date:

~~RIJALUDDIN SALLEH~~

Senior General Manager, Head
Group Compliance & General Services Division



MTD GROUP
IT Department
(Tel): 03 – 6195 1111
(Fax): 03 – 6188 0101

Appendix 19

Data Recovery Requisition Form

Date: _____

Requestor (Tick applicable)

Full Name : _____
Company Name : _____
Department : _____
Designation : _____

General

Mailbox	
Network Drive (H Drive)	
Network Drive (I Drive)	

Operating System / Application Database

Exchange	
AD	
BOSS	
IFCA	
FACT	
SAGE	
Orisoft	
MBA	
Others**	

Justification

Requested By

Signature (Applicant)
Date:

Recommended by

Signature (Immediate Supervisor)
Name:
Date:

Approved by

Signature (HOD)
Name:
Date:

Group IT Department Use

Approved / Not Approved

Signature (Head of IT Department)
Name:
Date:

Restored by

Signature (System Administrator)
Name:
Date:

Notes

Acknowledge Acceptance of Data

I hereby acknowledge that all data have been recovered accordingly.

Signature
Name:
Date: