**PARTNER MUST TEST AND FEEDBACK ON THE TEST RESULT IN A PERIOD OF 1 MONTH AFTER SOFTWARE IS RECEIVED.**

**COMPLAINTS RECEIVED AFTER 1 MONTH PERIOD WILL BE TREATED AS A NEW REQUEST.**

**COMPLETION STATUS**

**Date:**

Received by, Handed over by, Approved by,

( ) ( )

**SOFTWARE REQUEST FORM**

No : HIT/SD/20……../…..………/………………..

Application :

Date :

Dealer/Reseller :

Contact Person / Phone :

Customer name :

Quantity Unit :

Request :

Estimated ( Day(s)) :

Charge ( Yes / No ) :

Remarks :

Requested by, Handled by, Approved by,

( ) ( )

Estimated ( Day(s)) :

Charge ( Yes / No ) :

Remarks :

Customer Handled by Approved By

( ) ( ) Supardi Tan