

## **CPB User Access Form**

(hmer Name *	ឆាំ		Latin Name *:		PENG CHAI		
D No.				Contact No *:	070 600 084		
Position *		) Branch I	Manager		Department/Branch *:	Sampov Loun	
ignature *					Date*:	16/06/2016	
Service Required (For	T24 Sign-On Use	er only)					
Γ24 ID	Branch Manager						
Type of Request							
Employee Status	□ New		₩ Exi	F Existing			
Solution Team			Purpose/Additional Information (Optional)				
Γ24 System		Not					
ntranet	Add	Internal Re	port/Repaym	nent Schedule/Colla	teral Contract/AML Checkin	g CP Stock	
T Infra Team				Purpos	se/Additional Information (Op	tional)	
Window & Mail:		Not					
nternet:		Not					
Line Manager							
Name *				Position *:			
Signature *				Date *:			
Comments							
Authorized by Head o	f IT						
Name *				Position *:			
Signature *				Date *:			
Comments							
Executed by (Official	Use)						
IT Solution Team	Name *			Position *:			
	Signature *			Date *:			
IT Infra Team	Name *			Position *:	p		
	Signature *			Date *:			
Comments/Remark							
	Ter						