

CPB User Access Form

Requester Details						
Khmer Name *	ជូន សុភ័ណ		Latin Name *:	CHOUN SC	CHOUN SOPHORN	
ID No.	1286		Contact No *:	093 600	093 600 110	
Position *	Branch T		Teller	Department/Branch *:	Paoy Paet	
Signature *	5015			Date* :	03/01/2017	
Service Required (For	T24 Sign-On Use	er only)				
T24 ID						
Type of Request						
Employee Status	□ New		▼ Existing			
IT Solution Team		Purpose/Additional Information (Optional)				
T24 System	Not		Reset Password Window Computer PPT 009			
Intranet	Not	☐ Internal Rep	rt/Repayment Schedule/Collateral Contract/AML Checking			
IT Infra Team			Purpose/Additional Information (Optional)			
Window & Mail:	Not					
Internet:	Not					
Line Manager						
Name *	Luon	Samoquing	Position *:	BM		
Signature *		370	Date *:	03/01/2017 and T-24.		
Comments	She -	forgo + F	moprim to m	and T-24.		
Authorized by Head o	fIT	0	<u> </u>			
Name *			Position *:			
Signature *			Date *:			
Comments						
Executed by (Official	Use)					
	Name *		Position *:			
IT Solution Team	Signature *		Date *:			
IT Infra Team	Name *		Position *:	Position *:		
	Signature *		Date *:			
Comments/Remark						

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Sign (*) is mandatory field. You must fill information in mandatory field; not leave it blank.

Record No:	Classification: Internal