

## **CPB User Access Form**

Requester Details									
Khmer Name *	1	រុំ សុភាន <u>់</u>		Latin Name *:	Chum Sophorn				
ID No.		1895		Contact No *:	070 700 357 / 0976 624 145				
Position *		Business Relation	ship Officer	9	Department/Branch *:	Marketing			
Signature *	#)	Plac			Date* :	06-03-17			
Service Required (For	T24 Sign-On Use	er only)	decide by						
T24 ID									
Type of Request	**************************************		5.475						
Employee Status	☑ New	6	□ Existi	ng					
IT Solution Team				Purpo	se/Additional Information	(Optional)			
T24 System		Not		4)					
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IT Infra Team	etholisis er ala			Purpo	se/Additional Information	(Optional)			
Window & Mail:		Add		n 1					
Internet:		Add							
Line Manager				25-6-2-2-6-6					
Name *		8in Sopheap		Position *:	Bran	ch Manager			
Signature *	(	Van-		Date *:	06-03-	12			
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Signature *	· s			Date *:					
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Executed by (Official I	Jse)								
IT Solution Team	Name *	•		Position *:					
	Signature *			Date *:					
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Comments/Remark				10 tot 00 to 100 to					
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