

CPB User Access Form

Requester Details							
Khmer Name *	និច្ច ស្រីណុច		Latin Name *:	Name *: Nich Sreynuc			
ID No.	0199		Contact No *:	093 600 13	10		
Position *	Head of Bra		anch Teller	Department/Branch *:	Paoy Paet		
Signature *			Huel	Date* :	20/06/2016		
Service Required (For	T24 Sign-On Use	r only)	Mark Control of the C				
T24 ID			Head of Branch Teller				
Type of Request							
Employee Status	☐ New		₩ Existing				
IT Solution Team			Purpose/Additional Information (Optional)				
T24 System	Rese	et Password					
Intranet	Not	☐ Internal Rep	oort/Repayment Schedule/Colla	ateral Contract/AML Checking	☐ CP Stock		
IT Infra Team			Purpo	Purpose/Additional Information (Optional)			
Window & Mail:		Not					
Internet:		Not					
Line Manager							
Name *	Luon ?	Samoquing	Position *:	BM			
Signature *		310	Date *:	BM 20-06-2016			
Comments		1 A					
Authorized by Head o	fIT		· 人名				
Name *			Position *:				
Signature *	- 0		Date *:				
Comments							
Executed by (Official	Use)						
IT Solution Team	Name *		Position *:				
	Signature *		Date *:				
IT Infra Team	Name *		Position *:				
	Signature *		Date *:	Date *:			
Comments/Remark				9			

N	0	t	e	:

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

The state of the s	
Record No:	Classification: Interna