

For Requestor		Date: 06 / 13 / 2023	CR No. :
Name-Surname: Thanarat Nosu		Operation: Accounting	UL:
<input checked="" type="checkbox"/> Head Office	<input type="checkbox"/> Aqua	<input type="checkbox"/> Agro	Tel#/Mobile: 09674325116
		E-mail: thanarat.nos@cpf-phil.com	

Account/Authorized Request	
<ul style="list-style-type: none"> Account/User ID <input type="checkbox"/> Request new <input type="checkbox"/> Suspended <input type="checkbox"/> Cancellation 	
Name-Surname: Position:	
Name of System: SmartSoft - Farm (Winfarm), Slaughter and Trading Module: clone access of kittikun.bur Effective Date: 01 / 06 / 2023	
For suspended/cancellation please specify Account/User ID: Reason:	
<ul style="list-style-type: none"> Authorization <input type="checkbox"/> Increase authority <input type="checkbox"/> Decrease authority <input type="checkbox"/> Cancel authority 	
1. Account/User ID: Name of system/Module: Effective Date: / /	
2. Account/User ID: Name of system/Module: Effective Date: / /	

New Requirement/Application/Project Request	
Priority <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Type <input type="checkbox"/> New system (develop, implement, etc.) <input type="checkbox"/> Add/ update/ change the installed system (module, reports, etc.)	
Objective:	
Detail:	
Go live date: / /	

Other Requests	Approver BU Head
.....	Name: _____
.....	(Mr. Wattana Buranajakorn)
.....	Position: Vice President Date: ____ / ____ / ____

Remark	
<ul style="list-style-type: none"> This CR, It is not related with existing agreement between applicant's company and CPFIT, and will accept Quotation after the Pre-Requirements process is completed. CPFIT will charge travelling expenses, allowance and accommodation costs to applicant's company 	

For CPF IT Center	
<input type="checkbox"/> Account/Authorized Request Accept Date: / / By: <input type="checkbox"/> New Requirement/Application/Project Request Project ID: (Referred to :) Project Name: Assign PL: <input type="checkbox"/> SMART.CRM #:	1) Receive (IT Dept.) by Name: _____ (_____) Position: _____ Date: ____ / ____ / ____ 2) Approval (IT BU Head) by Name: _____ (_____) Position: _____ Date: ____ / ____ / ____
Remark	
<ul style="list-style-type: none"> After you fill up this form and approve by your BU Head kindly send the original copy or scan copy to IT Department For more information fill free to contact the IT Department Email: it@cpf-phil.com Mobile No.: +63917 857 5535 	

New Accounting Manager for Poultry Luzon Mr. Thanarat Nosu (thanarat.nos)

Please give him the same authorization as Mr. Kittikun Buranakasemchai (kittikun.bur)

	Breeder Farm	Hatchery	Layer Farm	Broiler Farm	Smartsoft
8000	081711BD	081720HT	081721LF	081712BA02	<i>*clone access of kittikun.bur</i>
9000	081719BD	091724HT	081722LF	081714BA02	
14000	081722BD	091729HT	081723LF	081715BA02	
AC08000	091723BD	091737HT	081724LF	081716BA02	
AC09000	091725BD	091741HT	081725LF	081717BA02	
CR001	091726BD	141733HT	081726LF	081720BA02	
	091733BD	141734HT	091743LF	09620801	
	091734BD	161742HT	081731EG	09620804	
	091735BD	621201HT	081732EG	09620805	
	091739BD	621202HT	AC080801LF	AC080801BA	
	091740BD	621401HT	AC090901LF	AC090901BA	
	091741BD	621402HT		AC096208	
	AC080801BD	081720BRHT		AC096211	
	AC090901BD	091724BRHT		AC096216	
	AC090902BD	091729BRHT			
	AC141401BD	091737BRHT			
	AC161601BD	091741BRHT			
	AC621201BD	161742BRHT			
	AC621401BD				