

For Requestor		Date: 10 / August / 2022	CR No. :
Name-Surname: Kimberly Montinola		Operation: Poultry	UL:
<input type="checkbox"/> Head Office <input type="checkbox"/> Aqua <input checked="" type="checkbox"/> Agro		Tel#/Mobile: (045) 963-6510	E-mail: kimberly.mon@cpf-phil.com
Account/Authorized Request			
• Account/User ID <input checked="" type="checkbox"/> Request new <input type="checkbox"/> Suspended <input type="checkbox"/> Cancellation Name-Surname: Chanell Trisha Canaza Position: Accounting Staff Name of System: SmartSoft / CP Mail Module: For SS-Farm, clone access from Angel Bianzon (angel.bia) Effective Date: 10 / Aug / 2022 For suspended/cancellation please specify Account/User ID: Reason:			
• 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 Buranajarukorn) Position: Vice President Date 10 / Aug / 2022	
Remark • 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 • 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.: +63945 114 0921			