



PERBADANAN PR1MA MALAYSIA  
USER ACCESS MODIFICATION FORM - JDE

SECTION A : TO BE COMPLETED BY APPLICANT / REQUESTOR

|                                                                      |                                              |                                             |                                              |
|----------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------|
| NAME                                                                 | <input type="text"/>                         |                                             |                                              |
| DESIGNATION                                                          | <input type="text"/>                         |                                             |                                              |
| DIV/DEPT.                                                            | <input type="text"/>                         |                                             |                                              |
| REQUEST DATE                                                         | <input type="text"/>                         |                                             |                                              |
| APPLICATION<br>(please tick whichever is applicable)                 | <input type="checkbox"/> NEW APPLICATION     | <input type="checkbox"/> CHANGE PASSWORD    | <input type="checkbox"/> CHANGE PERMISSION   |
|                                                                      | <input type="checkbox"/> TERMINATE           |                                             |                                              |
| REASONS                                                              | <input type="text"/>                         |                                             |                                              |
| TYPE OF ACCESS MODIFICATION<br>(please tick whichever is applicable) | <input type="checkbox"/> INSERT DATA         | <input type="checkbox"/> UPDATE             | <input type="checkbox"/> DELETE              |
|                                                                      | <input type="checkbox"/> ENQUIRY             | <input type="checkbox"/> VIEW               | <input type="checkbox"/> REPORTING           |
| MODULE GROUP<br>(please tick whichever is applicable)                | <input type="checkbox"/> ACCOUNT PAYABLE     | <input type="checkbox"/> PROJECT ACCOUNTING | <input type="checkbox"/> ACCOUNT RECEIVABLE  |
|                                                                      | <input type="checkbox"/> BUDGET              | <input type="checkbox"/> FIXED ASSET        | <input type="checkbox"/> GENERAL LEDGER      |
|                                                                      | <input type="checkbox"/> GST MODULE          | <input type="checkbox"/> CORPORATE TAX      | <input type="checkbox"/> HOME BUILDERS       |
|                                                                      | <input type="checkbox"/> BRIDGING FINANCING  | <input type="checkbox"/> PURCHASING         | <input type="checkbox"/> INVOICE             |
|                                                                      | <input type="checkbox"/> CONTRACT MANAGEMENT | <input type="checkbox"/> INVENTORY          | <input type="checkbox"/> MAINTENANCE BILLING |
|                                                                      | <input type="checkbox"/> PROCUREMENT         | <input type="checkbox"/> OTHER              | <input type="text"/>                         |
| EFFECTIVE DATE                                                       | <input type="text"/>                         |                                             |                                              |
| REQUESTED BY:                                                        | RECOMMENDED BY HEAD OF DEPARTMENT:           |                                             |                                              |

|             |                      |
|-------------|----------------------|
| NAME        | <input type="text"/> |
| DESIGNATION | <input type="text"/> |
| DEPARTMENT  | <input type="text"/> |
| DATE        | <input type="text"/> |

|             |                      |
|-------------|----------------------|
| NAME        | <input type="text"/> |
| DESIGNATION | <input type="text"/> |
| DEPARTMENT  | <input type="text"/> |
| DATE        | <input type="text"/> |

SECTION B : APPROVAL BY BUSINESS OWNER

APPROVED BY HOD/DIVISION  
OF BUSINESS OWNER(if applicable):

|             |                      |
|-------------|----------------------|
| NAME        | <input type="text"/> |
| DESIGNATION | <input type="text"/> |
| DEPARTMENT  | <input type="text"/> |
| DATE        | <input type="text"/> |

SECTION C : TO BE COMPLETED BY ICT PERSONNEL

|               |                      |                                    |                                 |
|---------------|----------------------|------------------------------------|---------------------------------|
| DATE RECEIVED | <input type="text"/> | <input type="checkbox"/> RECOMMEND | <input type="checkbox"/> REJECT |
| RECEIVED BY:  | <input type="text"/> |                                    |                                 |
| NAME          | <input type="text"/> |                                    |                                 |
| DESIGNATION   | <input type="text"/> |                                    |                                 |

SECTION D: RESOLUTION

|                 |                         |             |                      |
|-----------------|-------------------------|-------------|----------------------|
| RESOLVED BY:    | APPLICANT VERIFICATION: |             |                      |
| NAME            | <input type="text"/>    | NAME        | <input type="text"/> |
| DESIGNATION     | <input type="text"/>    | DESIGNATION | <input type="text"/> |
| RESOLUTION DATE | <input type="text"/>    | DATE        | <input type="text"/> |
| REMARKS         | <input type="text"/>    |             |                      |