

TM Supplier Relationship Management – Supplier Self-Service SUPPLIER AUTHORIZATION REQUEST FORM

Date: _____

TM Supplier Number: _____

FORM SRM_SUS_01 (GPO)

SECTION 1	REQUESTER INFORMATION <i>(Please complete ALL fields in the following section with current information)</i>		
Full Name			
I/C No.			
Company Name		ROC/ROB No.	
Job Position		Employment Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract
Phone No (HP)		Phone No (O)	
E-Mail Address		Fax No	

SECTION 2	REASON FOR REQUEST <i>(You may tick more than one reason if applicable)</i>	
<input type="checkbox"/> New SUS User <input type="checkbox"/> Existing SUS User <input type="checkbox"/> New SLIMS User <input type="checkbox"/> Existing SLIMS User	<input type="checkbox"/> New Job Scope <input type="checkbox"/> Add Authorization <input type="checkbox"/> Change Authorization <input type="checkbox"/> Revoke Authorization <input type="checkbox"/> Transfer <input type="checkbox"/> Restructuring <input type="checkbox"/> Leaving company <input type="checkbox"/> Others. Please specify _____	For Existing User ID: a) Please provide the ID : _____ b) Refer to Section 5 for Bulk Request (Additional SUS ID)

SECTION 3	AUTHORIZATION REQUIREMENT		
Required Authorization **	Add	Revoke	Role(s) <i>(Please tick on required action – not applicable for SLIMS user)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	Order processing
	<input type="checkbox"/>	<input type="checkbox"/>	Invoicing processing
	<input type="checkbox"/>	<input type="checkbox"/>	Bidding/auction – performing bidding & auction processing
	<input type="checkbox"/>	<input type="checkbox"/>	MJKH Processing
	<input type="checkbox"/>	<input type="checkbox"/>	SRM Admin
	<input type="checkbox"/>	<input type="checkbox"/>	SLIMS User Admin
Period Required **	Date Start: ___ / ___ / ___ to Date End: ___ / ___ / ___		

SECTION 4	REQUESTER JUSTIFICATION
Business Justification **	<div style="border: 1px solid black; padding: 10px; margin-left: auto; margin-right: auto; width: 80%;"> <p style="text-align: center;">Requester signature & Company Stamp:</p> <p style="text-align: center;">Date: ___ / ___ / ___</p> </div>

SECTION 5	BULK REQUEST (Max 5 users per form)
<input type="checkbox"/> Additional SUS User ID ** <input type="checkbox"/> Revoking SUS User ID **	<input type="checkbox"/> Additional SLIMS User ID ** <input type="checkbox"/> Revoking SLIMS User ID **

SECTION 5.1		Additional / Revoking User Information		Please tick on required action		
				Add	Revoke	Required Role(s)
1)	Full Name			<input type="checkbox"/>	<input type="checkbox"/>	Order processing
				<input type="checkbox"/>	<input type="checkbox"/>	Invoicing processing
	I/C No.			<input type="checkbox"/>	<input type="checkbox"/>	Bidding/auction – performing bidding & auction processing
	Job Position			<input type="checkbox"/>	<input type="checkbox"/>	MJKH processing
	Phone No.	Office		<input type="checkbox"/>	<input type="checkbox"/>	SRM Admin
		H/P		<input type="checkbox"/>	<input type="checkbox"/>	SLIMS User Admin
E-Mail Address			Period Required		Date Start: ___ / ___ / ___ Date End: ___ / ___ / ___	
2)	Full Name			<input type="checkbox"/>	<input type="checkbox"/>	Order processing
				<input type="checkbox"/>	<input type="checkbox"/>	Invoicing processing
	I/C No.			<input type="checkbox"/>	<input type="checkbox"/>	Bidding/auction – performing bidding & auction processing
	Job Position			<input type="checkbox"/>	<input type="checkbox"/>	MJKH processing
	Phone No.	Office		<input type="checkbox"/>	<input type="checkbox"/>	SRM Admin
		H/P		<input type="checkbox"/>	<input type="checkbox"/>	SLIMS User Admin
E-Mail Address			Period Required		Date Start: ___ / ___ / ___ Date End: ___ / ___ / ___	
3)	Full Name			<input type="checkbox"/>	<input type="checkbox"/>	Order processing
				<input type="checkbox"/>	<input type="checkbox"/>	Invoicing processing
	I/C No.			<input type="checkbox"/>	<input type="checkbox"/>	Bidding/auction – performing bidding & auction processing
	Job Position			<input type="checkbox"/>	<input type="checkbox"/>	MJKH processing
	Phone No.	Office		<input type="checkbox"/>	<input type="checkbox"/>	SRM Admin
		H/P		<input type="checkbox"/>	<input type="checkbox"/>	SLIMS User Admin
E-Mail Address			Period Required		Date Start: ___ / ___ / ___ Date End: ___ / ___ / ___	
4)	Full Name			<input type="checkbox"/>	<input type="checkbox"/>	Order processing
				<input type="checkbox"/>	<input type="checkbox"/>	Invoicing processing
	I/C No.			<input type="checkbox"/>	<input type="checkbox"/>	Bidding/auction – performing bidding & auction processing
	Job Position			<input type="checkbox"/>	<input type="checkbox"/>	MJKH processing
	Phone No.	Office		<input type="checkbox"/>	<input type="checkbox"/>	SRM Admin
		H/P		<input type="checkbox"/>	<input type="checkbox"/>	SLIMS User Admin
E-Mail Address			Period Required		Date Start: ___ / ___ / ___ Date End: ___ / ___ / ___	
5)	Full Name			<input type="checkbox"/>	<input type="checkbox"/>	Order processing
				<input type="checkbox"/>	<input type="checkbox"/>	Invoicing processing
	I/C No.			<input type="checkbox"/>	<input type="checkbox"/>	Bidding/auction – performing bidding & auction processing
	Job Position			<input type="checkbox"/>	<input type="checkbox"/>	MJKH processing
	Phone No.	Office		<input type="checkbox"/>	<input type="checkbox"/>	SRM Admin
		H/P		<input type="checkbox"/>	<input type="checkbox"/>	SLIMS User Admin
E-Mail Address			Period Required		Date Start: ___ / ___ / ___ Date End: ___ / ___ / ___	

* For bulk request more than 5 user, please used the **Attachment A**

SECTION 6	VDM, NMO REVIEW & APPROVAL for SLIMS and VULTRONS ID Request (with Official Stamp)
<p>CONFIRMED & REVIEWED BY</p> <p>.....</p> <p>Name :</p> <p>Date :</p> <p>Time :</p>	<p>APPROVED BY</p> <p>.....</p> <p>Name :</p> <p>Date :</p> <p>Time :</p>
SECTION 7	SUPPLIER REGISTRATION UNIT APPROVAL
<p>APPROVED BY</p> <p>.....</p> <p>Name :</p> <p>Date :</p> <p>Time :</p>	

Terms and conditions:

Below are the terms and conditions for the usage of the SAP system ID.

1. User is responsible to ensure that there will be no abuse of the ID usage (password).
2. The ID will be subjected to the system maintenance policy as follows:
 - Password must be at least 8 alphanumeric characters. Maximum 12 characters.
 - Must begin with 'SRM' for SUS Portal ID and 'SLIMS' for SLIMS User
 - ID will be blocked after 5 unsuccessful login.
 - Reuse of password is disallowed until after the 5th consecutive change.
3. User must acknowledge that while he/she may be given access to confidential information, it does not in any way give him/her the right to share such information with others.
4. User is responsible for maintaining the integrity of the data and information to which he/she has access and will protect them.
5. User must acknowledge that any misuse of this authority that may cause any violation of company's business processes and policies, could lead to disciplinary or criminal action.
6. This form is only applicable to one user and shall be handover to staffs who is having ADMIN ROLE to scan and submit via SUS Portal to Telekom Malaysia.
7. Each company is restricted to only one SUS Portal ID for MJKH processing.

I hereby have read and understand the terms and conditions stated above. By signing the form above, I agree to follow the above-mentioned terms and conditions.

Please scan and upload the complete authorization form in the SUS Portal.
If you have any enquiries, please do not hesitate e-mail us at srm@tm.com.my