

REQUEST INFORMATION	Requested Date	8/18/2019
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EMPLOYEE INFORMATION - REQUESTER

First Name		Last Name	
Contact Email ID		Contact No	

COMPANY GENERAL PROFILE INFORMATION

Company Full Name			
CR No		VAT Registration No*	
Company Address		State/ City	
ZIP Code		Country	
Office Phone No*		Alternate Office Phone No*	
Business Type *		website	
Language Type	Arabic*	English*	bilingual*
Contract Start Date*		Billing Cycle*	

BUSINESS CONTACT INFORMATION

First Name		Last Name	
Mobile Number		Email ID	

SOFTWARE INFORMATION

MUFTAAH MODULES	Accounting*	<input type="checkbox"/>	Inventory*	<input checked="" type="checkbox"/>	Production*	<input type="checkbox"/>
	Workflow	<input type="checkbox"/>	Workflow	<input type="checkbox"/>	Workflow	<input type="checkbox"/>
	HRM*	<input type="checkbox"/>	CRM*	<input type="checkbox"/>	Property* Management	<input type="checkbox"/>
	Workflow	<input type="checkbox"/>	Workflow	<input type="checkbox"/>	Workflow	<input type="checkbox"/>

ACCOUNTING YEAR

Finance Year Start*		Books Start from*	
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REPORTING MANAGER - APPROVAL

First Name		Last Name	
Contact Email ID		Contact No	

USER INFORMATION

Full name	CONTACT No	Email ID	Assigned Roll	Internal/ External
			Initiator	
			Reviewer	
			Approval	

Requester Signature

Approval Signature

Final Approval Signature