

REQUEST FOR SYSTEM UPDATE



Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process and retain my personal data in accordance with the PPA's Privacy Statement and for purposes specified in this form.

USR No. _____		Date: _____	
Applications/Systems			
☐ Accounting and Financial Management System (AFMS) ☐ Electronic Accreditation System (EAS) ☐ Enhanced Communication System (E-COMMSYS) ☐ Exemption on Licensed Customs Broker System (ELCBS)	☐ Electronic Payment System (EPS) ☐ Electronic Permit Management System (EPMS) ☐ Human Resources Information System (HRIS) ☐ Internet-based Port Operations and Receipting for Terminals System (IPOINTS)	☐ Mobile Point-of-Sale System (MPOS) ☐ Online Port Charges Exemption System (OPCES) ☐ Online Reservation Assistance System (ORAS) ☐ Port Engineering Management System (PEMS)	☐ PPA Online Logging, Assistance, Resolution and Incident System (POLARIS) ☐ Port Analytics System (PORTA) ☐ Port Profile and Engineering System (PPES) ☐ Transport Accreditation Permit and Pass for Ports System (TAPPPS) ☐ Others: (Specify) _____
Reason for the Update (Attach supporting documents, if any)			Attachments:
Requested By: _____ Signature over printed name _____ Date _____ Position/Designation _____ RC/PMO _____		Approved By: (RC/PMO Head) _____ Signature over printed name _____ Date _____ Position/Designation _____	
For PPA System Owner Only			
Action Taken			
☐ Approved ☐ Disapproved _____ Signature over printed name/Date (System Owner Authorized Representative)		Reason for Disapproval:	
Comments/Remarks/Recommendations			
To be filled out by the Implementing Personnel			
Server(s) to be Updated			
☐ Production (Live) Environment Date of Implementation: _____	☐ Test Environment Date of Implementation: _____	☐ QA Environment Date of Implementation: _____	☐ UAT Environment Date of Implementation: _____
Recommended Solution			
Solution Provided By: _____ Signature over printed name/Date _____ Position/Designation _____	Confirmed/Concurred By: _____ Signature over printed name/Date _____ Position/Designation _____	Tested By: _____ Signature over printed name/Date _____ Position/Designation _____	Remarks: _____
Time of Implementation: _____ ☐ Before Start of Day Time: _____ ☐ After End of Day Time: _____ ☐ During Production Time: _____ ☐ Others: (Specify) _____			
Implemented By: _____ Signature over printed name/Date _____ Position/Designation _____	Verified By: _____ Signature over printed name/Date _____ Position/Designation _____	Noted By: _____ Signature over printed name/Date _____ Position/Designation _____	
In the absence of signature, please specify and attach email communication or letter signifying concurrence to the system updates.			



Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form. Thank you.