|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ONBOARDING CHECKLIST: CLIENT INFORMATION | | | | |
| Company Name: | |  | | |
| Company Address: |  |  | | |
|  |  |  | | |
| Contact Number: | |  | Business Registration No. |  |
| Contact Person: | | *This is the main contact person for the system.* | | |
| Email Address: | | *This email will be used as the Master Account.* | | |

|  |  |
| --- | --- |
| CENTRAL KITCHEN: |  |
| Outlet Address: |  |
| Outlet Contact No: |  |
| CK Email Address: | *This email will be used to engage your CK’s vendor module.* |

|  |  |
| --- | --- |
| Outlet Name: |  |
| Outlet Address: |  |
| Outlet Contact No: |  |
| Outlet Email: |  |

\*Please copy and paste the table if you need to set-up for more outlets.

|  |  |  |  |
| --- | --- | --- | --- |
| USER ASSIGNMENT | | | |
| Name: | Contact No. | Email Address | Roles |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Roles:

1. Regional Admin 2. Location Admin 3. Operations 4.Audit

|  |  |  |  |
| --- | --- | --- | --- |
| The information gathered has been reviewed by …………………………………………., of ………………………………………….. and is deemed accurate at the time and date of inspection. | | | |
| Prepared By: | DATE: | Verified by: | DATE: |