

COOPERATIVE BANK OF OROMIA S.C
Information Systems Process
Remote Access Agreement Form

Requestor Information (To be filled out by the Requestor)

Full Name: _____ Email: _____
 Company/Organization: _____ Mobile Number: _____
 Access Start Date: _____ Access End Date: _____
 Justification for Access (What functions will you be performing remotely, Why do you need to perform these remotely):

Access Information (For Bank's personnel only and to be filled out by the requesting Unit Director/Manager/Supervisor)

Please indicate in detail the information of the information system asset(s) to be remotely accessed, including IP address, ports, services, etc: _____

As a condition of receiving remote access to the Bank's information system resources, I hereby agree to the following:

- 1) *I agree to only access information system assets I am authorized to access; I acknowledge that all activities conducted will be in line with the scope of "Justification for Access" statements above and those activities are in accordance with the Bank's "Guidelines for Acceptable Use of Information System Assets".*
- 2) *I will not disclose, publish or disseminate confidential information of the Bank to anyone other than those authorized with a need to know and agrees to take reasonable precautions to prevent any unauthorized use, disclosure, publication, or dissemination of the information.*
- 3) *I will be the sole user of the remote credentials (user ID or password) assigned to me and I agree that sharing passwords is in violation of this Agreement.*
- 4) *I will not print or make copies of any confidential information of the Bank, including files, data, screen prints or other records for storage off the network from a remote location unless I have been given permission to do so.*
- 5) *I agree that the devices being used for remote access must not be left unattended and while using the device, I ensure that no one is "shoulder-surfing" or watching them while accessing information system assets of the Bank.*
- 6) *I agree to notify the Bank's Information Systems Security Team when my account is no longer needed so that the remote access user ID can be disabled and I will also notify the Team if I become aware of any security problems or threats related to this remote user.*
- 7) *I agree to comply at all times with all information systems security regulations, applicable regulatory body laws, the Bank's policies and procedures, and any professional ethical standards.*
- 8) *I acknowledge that failure on my part to comply with the provisions listed herein may result in the revocation of my remote access privileges to the Bank's information system assets.*

By signing this agreement, I hereby agree to abide by the above requirements when remotely accessing the information system assets of the Bank.

	Requestor	For Bank's Personnel Only	
		Requesting Unit	Authorizer
		Director/Manager/Supervisor	
Full Name:			
Signature:			
Date:			