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Commercial Bank of Ethiopia
Information Access Control
User Access Request Form

Date 26-12-2024

Unit/Department	ROLE Required			REQUEST TYPE	APPLICATIONS
FULL NAME (ENGLISH)	First	Middle	Last	<input type="checkbox"/> New user <input type="checkbox"/> Activate user <input type="checkbox"/> Disable user <input type="checkbox"/> Access Modification <input checked="" type="checkbox"/> PASSWORD RESET	<input checked="" type="checkbox"/> T24 <input type="checkbox"/> ARC MOBILE <input type="checkbox"/> NG <input type="checkbox"/> GX <input type="checkbox"/> Base 24 <input type="checkbox"/> ACI-Issuer <input type="checkbox"/> ACI-Acquirer <input type="checkbox"/> Hyperion <input type="checkbox"/> BI <input type="checkbox"/> ESW <input type="checkbox"/> EFCARS <input type="checkbox"/> DARA
ሙሉ ስም (በአማርኛ)					
ስም					
ሃገር					
Employee Title					
Employee ID				• PREVIOUS BRANCH/UNIT	
Employee Mobile No.					
Employee Email Address					
District/Department					
By using CBE's application web sites with my access right, I agree to comply for the Terms of use, Security policy and Privacy policy of CBE.					
Should be signed by Director/ Manager only. Stamp and Signature Number must be presented. Please mention the role of user on the role field. Select the Request Type and Application. One form for one application System Request only.					
N.B. All fields are mandatory. Modified Form WILL NOT Be Accepted. Send your request through ICD/IBM.					

Director/ Manager Abubakar Gameda Signature [Signature] Signature no. 177

