



የኢ.ት.ባ.ኤች. ፲፱፻፹፱ ስ.፲፱፻፹፱
Commercial Bank of Ethiopia
Information Access Control
User Access Request Form

Date _____

Unit/Department		ROLE Required		REQUEST TYPE	APPLICATION
FULL NAME (ENGLISH)					<input type="checkbox"/> T24
First		Middle	Last		<input type="checkbox"/> ARC MOBILE
MURADU		MUHAMMED	BUTUNE		<input type="checkbox"/> NG
ጠቅላይ ሰራተኛ (በአማርኛ)					<input checked="" type="checkbox"/> GX
ስም		አባት	አያት		<input type="checkbox"/> Base 24
Employee Title		ሚኒስትር	ሰራተኛ		<input type="checkbox"/> ACI-Issue
Employee ID		8. MANAGER	ሰራተኛ		<input type="checkbox"/> ACI-Acquirer
Employee Mobile No.		017384	ሰራተኛ		<input type="checkbox"/> Hyperion
Employee Email		0921512662	ሰራተኛ		<input type="checkbox"/> BI
Address		Muradu Mohamed	ሰራተኛ		<input type="checkbox"/> ESW
District/Department			ሰራተኛ		<input type="checkbox"/> EFCARS
			ሰራተኛ		<input type="checkbox"/> DARA

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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.

Muradu Mohamed

PREVIOUS BRANCH/UNIT

Director/ Manager -----Signature-----Signature no. -----

