DEVELOPMENT BANK OF ETHIOPIA, Information Technology Services Directorate

System Account Request Form

Part 1: To be completed and signed by the applicant:

Type of Request (select one or more): New Account Creation ___ Password Reset ___ Account Termination ___ Company / Privilege Change ____

Applicable System(s) (select one or more, select ONLY ONE for New Account Creation and Company / Privilege Change)

Corporate E-Mail ____ T24 ____ Windows _____ SWIFT ____ Credit Information System _____ **Other (specify):** _____

Please Specify User Name (For Password Reset, Account Termination and Company / Privilege Change):

Corporate E-Mail _____ T24 _____ Windows _____ SWIFT _____ Credit Information System _____ **Other (specify system and user name):** _____

For New Account Creation and Privilege Change Specify the Required Privilege: View_____ Input _____ Authorize_____ Verify_____ Audit _____

Reason for request: _____

_____

Name (Up to Grand Father): _____ **Position**: _____

Office Telephone Number: _____ **Mobile Telephone Number:** _____

Declaration: *I confirm that I have read, understood and agreed to the advices and guidelines in the document "Cybersecurity Precautionary Advice version 2.1, April 1, 2021" posted on the corporate portal at* **http://portal.dbe.com.et/intranet/index.php/cybersecurity.**

Date: _____ **Signature:** _____

Part 2: To be completed and signed by the head of the requesting work organ:

Declaration: We confirm that the above information is correct, that the staff belongs to our work organ and that he/she requires the stated system accounts. We will inform the ITSD in writing when any staff member is transferred to other work organs or when his/her employment ends.

Work Organ: _____ **Name of Head of Work Organ:** _____ **Position:** _____

Office & Mobile Phone Numbers: _____ **Date:** _____ **Signature:** _____