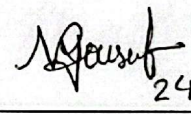
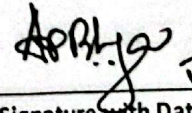


<b>Terms &amp; Conditions</b> <ul style="list-style-type: none"> <li>By submitting this request, the requester agrees to maintain the confidentiality of login credentials and not share them with unauthorized personnel. Any misuse of access may result in disciplinary action.</li> <li>The requester agrees to use the provided User ID strictly for work-related activities and in compliance with the organization's IT policies. Unauthorized activities may lead to suspension or termination.</li> <li>Access will be periodically reviewed. If the requester changes roles, resigns, or no longer requires access, it is their responsibility to notify the IT Security Team for deactivation.</li> <li>All access granted must comply with the organization's security guidelines, regulatory requirements, and data protection policies. Any security breach resulting from negligence may lead to legal consequences.</li> </ul>	<b>Reference No:</b> <b>Request Date:</b> 24.06.2025 <b>Request Type:</b> - <input checked="" type="checkbox"/> Create New User <input type="checkbox"/> Grant access to existing user <b>Username (if user exist):</b>
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Requester Information			
Name	:	NASRIN YOUSUF	
Employee ID	:	230997	
Designation	:	Deputy Manager	
Phone No.	:	01329654919	Email : nasrin.yousuf@nagad.com.bd
Department	:	AML/CFT	Division : Internal Control and Compliance

Request Details	
Portal Name / URL	: CC.mynagad.com:20030
Portal Role	: CO, Lea - COMPLIANCE
Access Mode	: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Beginning Time	:
Till Date (if temporary)	:
Purpose of Request	: AML/CFT (KYC - Screening)
 24.06.2025 Signature with Date	

Requester's Line Manager Approval	
Name	: MUHAMMAD ANISUR RAHMAN BHUYAN
Employee ID	: 251200
Designation	: Head of Internal Control and Compliance & Internal Audit
Phone No.	: 01321158286
Email	: anisur@nagad.com.bd
I understand that it is my responsibility to confirm the justification (Purpose of Request) of the Access request mentioned by the requester. Comment (if any):	
 Jun 24/25 Signature with Date	