

Date:        
Day Month Year

Company Name \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Account Information

Account No: \_\_\_\_\_

Account/Sub Accounts to be profile:

All Accounts ☐ Select Account ☐  
(List accounts or related account(s) and companies to be activated for single profile user below)

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

User roles & Functions

Role Code	Users	Responsibilities	Basic Functions
Admin	System Administrator	<ul style="list-style-type: none"><li>Represents the I.T departments</li><li>Responsible for user friendly activity on the software access and audit trail</li><li>Responsible for setting file type and format on CIB</li></ul>	<ul style="list-style-type: none"><li>Setup file type and format Login Trail &amp; User Activity</li><li>Password Reset; Enable and disable</li></ul>
UPL	Uploader	<ul style="list-style-type: none"><li>Represent the Accounts/Finance/ Treasury/ Human Resources.</li><li>Initiates all transactions and file upload Review batch status Review reports and account balance</li></ul>	<ul style="list-style-type: none"><li>Setup file type and format</li><li>Initiate and submit all transactions</li><li>Upload all payment files</li><li>View batch status</li><li>Account to debit</li><li>Account statement &amp; Balance enquiry</li><li>Own account transfer</li><li>Exception Report</li></ul>



Token Request

- Note: All roles require tokens

Please tick as appropriate: Electronic Token: ☐ Hardware Token: ☐

Kindly take this as an authority to issue \_\_\_\_\_ unit(s) of tokens for our users.

Kindly complete the indemnity in the overleaf

Hardware token(s) should be released to: \_\_\_\_\_  
(Name)

Identification Type: \_\_\_\_\_

Approval Information

At a duly convened meeting of the Board of Directors of our Company, it was resolved that Summit Bank Limited (the “Bank”) shall profile the Company on the Bank’s Corporate Internet Banking (CIB) platform. The Bank is hereby authorized to act on and honor the instructions contained herein.

The persons whose signatures appear below have been duly authorised to give this mandate.

Dated this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_

Name of Director: \_\_\_\_\_ Name of Director: \_\_\_\_\_

Signature/Date: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Company Seal:

For Official Use

Signature Verification:  
SV Stamp

Treated by \_\_\_\_\_  
CES Officer (Name/Signature)

Approved by \_\_\_\_\_  
Operations Officer (Name/Signature)