



SYSTEM ACCOUNT ACCESS FORM

DATE _____

TIME _____

APPLICANT INFORMATION

NAME _____ MOBILE NO _____

BRANCH _____ DEPARTMENT _____ DESIGNATION _____

ACCESS AND ROLES REQUESTED

ACCESS ACTION: ☐ CREATE NEW USER ☐ ENABLE USER ☐ CHANGE USER ROLES ☐ PASSWORD RESET ☐ E-MAIL**USER ROLES:****BRANCH:** ☐ BRANCH MANAGER ☐ BRANCH OPERATION MANAGER (BOM)
☐ HEAD OPERATION (HOO) ☐ HEAD CUSTOMER CARE (HCC) ☐ TELLER**COPS:** ☐ COPS INPUTTER ☐ COPS AUTHORIZER**CENTRALISED CLEARING UNIT:** ☐ CENT. CLEARING UNIT INPUTTER ☐ CENT. CLEARING UNIT AUTHORIZER**PAYMENT:** ☐ PAYMENT INPUTTER ☐ PAYMENT AUTHORIZER**PRODUCT:** ☐ PRODUCT INPUTTER ☐ PRODUCT AUTHORIZER**TRADE FINANCE:** ☐ TRADE FINANCE INPUTTER ☐ TRADE FINANCE AUTHORIZER**FINANCE:** ☐ FINANCE INPUTTER ☐ FINANCE AUTHORIZER**TREASURY BACK OFFICE:** ☐ TREASURY BACK OFFICE INPUTTER**ICT:** ☐ ICT INPUTTER ☐ ICT AUTHORIZER**ADDITIONAL ROLES:** ☐ VIEW ONLY ☐ VIEW ALL ☐ DUAL AUTHORIZER**LIMIT AMOUNT:** INPUT _____ AUTHORIZE _____

Other (Please specify) _____

The permission to access Bank M's System implies that the individual agrees to abide by the Bank's policies and procedures. I hereby confirm having read and will abide by the ICT policies and procedures.

NAME: _____ SIGNATURE: _____ DATE: _____

APPROVED BY

HEAD OF DEPARTMENT _____ SIGNATURE _____ TIME _____ DATE _____

BRANCH MANAGER _____ SIGNATURE _____ TIME _____ DATE _____

COO/HEAD OPERATIONS _____ SIGNATURE _____ TIME _____ DATE _____

FOR ICT USE ONLY

ASSIGNED FCC USER ID

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CREATED BY _____ SIGNATURE _____ TIME _____ DATE _____

VERIFICATION DONE BY _____ SIGNATURE _____ TIME _____ DATE _____

Important:

1. It is the HOD's responsibility to ensure that the form is submitted to the ICT Team, duly filled in and approved.
2. It is extremely important that the user password is held strictly confidential and under no circumstance should be revealed to anyone.
3. The permission to access Bank M's System implies that the individual agrees to abide by the Bank's policies, procedures and guidelines attached.