SWIFT SYSTEM ACCESS FORM

Date: _____

Branch _____

Time: _____

APPLICANT INFORMATION

NAME: _____

DEPARTMENT _____ DESIGNATION _____

SIGNATURE _____

ACCESS REQUESTED (Please check all that is needed)

SWIFT RIGHTS

INPUT ☐

INPUT / VERIFIER ☐

VERIFIER / AUTHORISER ☐ LIMIT _____

AUTHORISER ☐ LIMIT _____

OTHER _____

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

NAME:_____ SIGNATURE:_____

APPROVED BY

HEAD OF DEPARTMENT _____	SIGNATURE _____	TIME _____	DATE _____
BRANCH MANAGER _____	SIGNATURE _____	TIME _____	DATE _____
COO/HEAD OF COPS _____	SIGNATURE _____	TIME _____	DATE _____

FOR ICT USE ONLY

ASSIGNED SWIFT USERNAME: _____

CREATED BY _____	SIGNATURE _____	TIME _____	DATE _____
VERIFICATION DONE BY_____	SIGNATURE _____	TIME _____	DATE _____

Notes:

_____

_____

Important:

1. It is the user's responsibility t ensure that you submit this form to the ICT Team.

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 banks policies and procedures.