

N A	ADDITIONAL ACCESS PRIVILEDGES	Date: Branch	
		Time:	
زعن		11110.	
	APPLICANT INFORMATION		
NAME:			
DEPARTMENT:			
MOBILE NO.	SIGNATURE	3	
	ACCESS REQUESTED (Please check all that is n	eeded)	
INTERNET ACCESS			
INSTANT MESSENGER ACCESS			
USB MASS STORAGE			
OUTGOING/ INCOMING MAIL ATTACHMENT LIMIT			
LAPTOP MOVEMENT OUT OF OFFICE			
EMAILING OF DAILY REPORTS			
REASONS:			
-			
	APPROVED BY		
HEAD OF DEPT	r. DATE	TIME	
COO	DATE	TIME	
CEO	DATE	TIME	
	FOR ICT USE ONLY		
ACCOUNTS CR	<del></del>	TIME	
VERIFICATION	DATE	TIME	
Notes:			

## Important:

- 1. It is the user's responsibility to 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.
- $3. \ The \ permission \ to \ access \ Bank \ M's \ System \ implies \ that \ the \ individual \ agrees \ to \ abide \ by \ the \ banks \ policies \ and \ procedures.$