

**ZIMBABWE WOMEN'S  
MICROFINANCE BANK LIMITED**

(Registered Microfinance Bank)



**NEW USER FORM**

Employee Title and Name		Employee Surname	
Location [e.g. Head Office, Byo, Mutare]		Department	
Employee Job Title		Date Joined ZWMB	
National Identity Number			
Date of Birth			
Phone Number			
Home Address			
Domain Username [Name.Surname]			
Domain Security Group [e.g. Retail, ICT, Audit, Finance]			
Domain E-mail Address [e.g. Name.Surname@womensbank.co.zw]			
E-mail Groups [e.g. <a href="mailto:ict@womensbank.co.zw">ict@womensbank.co.zw</a> , <a href="mailto:hr@womensbank.co.zw">hr@womensbank.co.zw</a> ]	1.		
	2.		
	3.		
	4.		
Application Systems Required [e.g. BR.Net, Swift, Pastel, RTGS]	<b>1. STATE BR.NET USER ROLE:</b>		
	2.		
	3.		
	4.		
Network Shared Resources [e.g. Finance Shared Folder, Retail Shared Folder]	1.		
	2.		

<b>RISK DEPT</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	

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Printer(s) to be connected to	1.											
	2.											
Telephone Code		Class of Service*	0.		1.		2.		3.		4.	
Log on Hours	0800 - 1800		0700 - 2200		Unlimited							
Internet Access	Full Time Access		Limited Access									
Requested By					Designation							
Date Requested												
Signature												
<b>APPROVAL</b> [TICK WHERE APPROPRIATE]												
Approved By	HOD							Date				
Signature HOD												
<b>FOR ICT DEPARTMENT USE ONLY</b>												
Domain Username [Name.Surname]												
Domain Security Group [e.g. Retail, ICT, Audit, Finance]												
Domain E-mail Address [e.g. Name.Surname@womensbank.co.zw]												
ICT Configuration Completed By												
Date												
Reviewed By												
Date												

*Telephones Class of Service Key	
0.	Extensions Only
1.	Local Only
2.	Local & Cell
3.	Local, Trunk & Cell
4.	Local, Trunk, Cell & International

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## **Information Security Policy Acknowledgment Form**

Please detach and return this signed form to HR & ICT Departments

*All employees granted ICT Systems access with company facilities must be provided with a written copy of this policy. All ICT System users must sign below the following statement:*

I .....ID Number.....  
have received a **written/soft** copy of the bank's **Information Security Policy**. I fully understand the terms of this policy and agree to abide by them. I realize that the company's security software may record for management use the ICT activities I conduct and keep a record of any network activity in which I transmit or receive any kind of file. I acknowledge that any message I send or receive will be recorded and stored in an archive file for management use. I know that any violation of this policy could lead to dismissal or even criminal prosecution.

**Signed and dated:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_