RTGS User Request Form

Branch name_____   Date _____

S/N	User First Name	User Middle Name	User Last Name	Current Role of the user	Role to be assigned	Employee Signature

Current Role   **Role to Be Assigned**   **Previous Branch (if any)**

1-NEW USER

2- RTGS MAKER   *1- RTGS CHECKER*   *1* _____

3- RTGS CHECKER   *2-RTGS MAKER*   *2*_____

4-RTGS AUDITOR   *3-RTGS AUDITOR*   *3*_____

5- PASSWORD RESET

Should be signed by Branch Manager and Stamp must be presented.

Requested By_____   Signature _____

Send the scanned copy of this form to userrequest@cbo.com using Internal Mail System (Zimbra).

Zimbra address (https://10.1.111.100)