

Merchant Name:

Date:

Details of the user		
Full Name	:	
Department	:	
Address	:	
City /Postal Code	:	
Date of Birth	:	
Phone Number	:	
Fax Number	:	
User's e-mail	:	
IP Address	:	

Merchant ID:

MIGS User ID <input type="checkbox"/>	Reconciliation Portal User ID <input type="checkbox"/>
<u>User Level</u> View Only <input type="checkbox"/> Refunds <input type="checkbox"/>	

Details of the authorized officer approving the enrollment (should be the Proprietor, Partners or Director)

Name	:	
Contact Number	:	
Fax Number	:	
e-mail address	:	

..... Limited undertakes to inform the Commercial Bank of Ceylon PLC in the event of the above user's resignation or transfer to cancel the User Id and access.

.....
User

.....
Proprietor / Partners / Director

ID Assignment		(For CBC use Only)
User ID	:	
Account Created by	:	
Date	:	
Services	:	

.....
(Account Created By)

.....
(Audited By)