❈ NRB Bank
Not Just Another Bank

Application for UBS User ID (To be completed and forwarded to UBS User Administrator)

FLEXCUBE ACCESS – GRANT / MODIFY / DELETE

(PLEASE USE BLOCK LETTERS)   Date 15.05.2025

Applicant's Name	MAMUN AHMED	Branch	SHALUTIKOR SUB BR
Functional Designation	A.O.	Location	SHALUTIKOR, SYLHET
Department / Unit	RETAIL	Mobile No	01747191864
Employee ID	11302	☑ Permanent ☐ Contractual	

REQUIREMENTS:
(Tick the box as required)

REASON: *(Example: appointed / transferred / separated / resigned /retired etc)*

☐	Branch Manager	Relationship Manager / Officer	☐
☑	Customer Service Manager	Cash Teller	☐
☐	Operations Maker	Operations Checker	☐
☐	Clearing Maker	Clearing Checker	☐
☐	Finance Maker	Finance Checker	☐
☐	HR Maker	HR Checker	☐
☐	CAD Maker	CAD Checker	☐
☐	ADC Operation Maker	ADC Operation Checker	☐
☐	Treasury & Money Market Maker	Treasury & Money Market Checker	☐
☐	Trade Finance Maker	Trade Finance Checker	☐
☐	Fund Transfer Maker	Fund Transfer Checker	☐
☐	Foreign Exchange Maker	Foreign Exchange Checker	☐
☐	IT Maker	IT Checker	☐
☐	View User Role	EOD	☐
☐	IT Security Checker	Others (.....................)	☐

Statement of Agreement:

I understand and agree that the Flex Cube Core banking system (CBS) User ID is available to me for business use only. I understand that access to this system is granted at the sole discretion of the NRB bank. I also understand that NRB Bank reserves the right to modify the type of access or withdrawal of access without any notice. I understand that I am expressly prohibited, except as necessary to perform the functions for which I have been granted access to the Flex Cube CBS. I am responsible for taking all reasonable precautions to safeguard bank's information and to ensure I must exercise logging out of the flexcube CBS before leaving my workstation.

Applicant's signature

Date 15.05.25
MAMUN AHMED
Teller
NRB Bank Limited
Salutikor Bazar Sub-Branch, Sylhet.

Manager's signature

Date
Rafiqul Islam
In-Charge
NRB Bank Limited
Salutikor Bazar Sub Branch, Sylhet

Unit Head's signature

Date

Remark:

TO BE USED BY FLEXCUBE USER ADMINISTRATOR

Date received................................   Ref no................................

User ID........................... User Role................................

Maker ....   Authorizer................................

Date   Date