

Application for Reinstate of Password: (To be forwarded to User Access Control Unit, Banking Application, IT Division, Head Office)

(Please use BLOCK letters)		Date		
Applicant's Name	SALMA PARVIN SH	HALU		
E-mail Address (NRB)	salma.shalu@nrbbankbd.con		Sys. User ID	
Funct'l Designation	cso		Grade	AO
Department / Unit	RETAIL BANKING		Employee ID	11612
Location/Branch Name	BANDARTILA SUB	BRANCH	□ Permanent	☐ Contractual
Application name: (Pleas	se Tick the box)			
[✓] Flexcube UBS	[ ]BACH		[ ]RTGS	
[ ]BMS	[ ]CMS		[ ] DMS	
[ ]EFTN	[ ] SWIFT		[ ] Any other	
REASON/S: (Tick the box	)	[ ] Shared	hy someone els	
[ ] Expired & Not changed		[ ] Shared by someone else [ ] Changed by someone else		
[ ] Other	jou	T Tonange	a by controlle t	,100
				•
SALMA PARVIN SHALL ASSISTANT ORICOR NRB BANK LIMITE ASSISTANT ORICOR NRB BANK Applicant's Signature Date:	Recomme	ended by:	Md. Sub B NR BM Sign Date	Monirul Islam Branch Manager Branch Manager Branch Limited Branch, Ctg. Branch, Ctg. Branch, Ctg. Branch Seal
TO BE USED BY USER II	DADMINISTRATOR			
Date Received				
IMPLEMENTATION RECORD				
Password Reset and initial password forwarded to the user		to the user	Date	
Password NOT Reset			Reason	
••••				•
User Admin. Maker Date:	User Admin Authorizer:  Date:			