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Commercial Bank of Ethiopia  
IS Security - Information Access Control  
PAM User Access Request Form

Date 01-03-2024

Unit/Department	IS/SDC		Request Type	System IP Address	System/Application Name and Requested Privilege	
FULL NAME (ENGLISH)			<input type="checkbox"/> New user		Application Name	Required Role
First	Middle	Last	<input type="checkbox"/> Activate user			<input type="checkbox"/> Admin with sudoer access
Solen	Abera	Deressa	<input type="checkbox"/> Disable user			<input type="checkbox"/> Admin without sudoer access
Employee Title	JUNIOR IS	Employee	<input type="checkbox"/> Access Modification			<input type="checkbox"/> Lower Privilege (view) access
Employee ID	CBE056942	Signature	<input checked="" type="checkbox"/> Password reset			
Employee Mobile No.	0942089470					
Employee Email Address	Solen.Abera@cbe.com.et					
Department/Unit	SDC					
By using CBE's application web sites with my access right, I agree to comply for the Terms of use, Security policy and Privacy policy of CBE.			Required Account Name on Server			
Should be signed by Director/Manager only. Stamp and Signature Number must be presented. Please mention the role of user on the role field. N.B. All fields are mandatory. Modified Form WILL NOT Be Accepted. Send your request through ICD/IBM.						

Director/ Manager Genet Dargu Signature [Signature]

Signature no. 14-3

