



Form No: IBCM/USER/002

IBCM USER DEACTIVATION FORM

PART A [To be Filled by Applicant in Duplicate and Submitted to Manager Financial Markets Department]	
Bank Name	
First Name	
Last Name	
Email ID	
Deactivate All Roles: <input type="radio"/> YES <input type="radio"/> NO	[If NO Please fill below with specific roles from Part B]
Role Initials to be Deactivated:	
Authorizer Name	
Authorizer Signature	
Date and Stamp	

PART B PLEASE SELECT USER'S ROLE	
Role Name	Role Initial
Front Office (Dealing Management)	FO
Back Office (Payments & Collateral Management)	BO
View Reports	VR

PART C [To be filled by Head of Financial Markets]			
REMARKS			
Signature		Date	
PART D [To be Approved by Head of System Design and Administrations]			
REMARKS			
Signature		Date	



PART E [To be filled by System Administrator]

User ID

Deactivated All Roles: YES NO [If NO Please fill deactivated roles below]

Deactivated Roles

Name of Attending Officer

Signature

Date