CDS WEB PORTAL USER ACCESS REQUEST FORM

PART A *[To be filled by Applicant(s) in Duplicate and submitted to the Department of Financial Markets]*

Institution Name

Applicant No. 1

First Name   Role Initials

[Please select role initials from part B]

Last Name   E-Mail

Title   ◯ MRS.   ◯ MR.   ◯ MS.   *[Please tick appropriate]*

Applicant No.2

First Name   Role Initials

Last Name   E-Mail

Title   ◯ MRS.   ◯ MR.   ◯ MS.   *[Please tick appropriate]*

Applicant No.3

First Name   Role Initials

Last Name   E-mail

Title   ◯ MRS.   ◯ MR.   ◯ MS.   *[Please tick appropriate]*

_____   _____

Authorized Signature   **Date**

PART B	PLEASE SELECT USER'S ROLE;
Role Name	Role Initial
Client Registration Originator	CRO
Client Registration Verifier	CRF
Client Registration Authorizer	CRA
Bid Submission Originator	BSO
Bid Submission Verifier	BSV
Bid Submission Authorizer	BSA
ILF Originator	ILO
ILF Verifier	ILV
ILF Authorizer	ILA
Lombard Originator	LO
Lombard Verifier	LV
Lombard Authorizer	LA
Transfer Originator	TRO
Transfer Verifier	TRV
Transfer Authorizer	TRA
View Reports	VR

PART C   *[To be filled by Manager Financial Markets]*

I hereby recommend the applicant(s) be created in the CDS Web Portal:

REMARKS:

_____   _____
            Signature   **Date**

PART D   *[Approval by MSDA]*

_____   _____
            Signature   **Date**

PART E *[To be filled by Application Administrator]*

User ID Assigned:

Applicant No. 1 [   ]

Applicant No. 2 [   ]

Applicant No. 3 [   ]

Name of Attending Officer	**Signature**	**Date and Time**
_____	_____	_____