

Form No: CDS/USER/001

CDS WEB PORTAL USER ACCESS REQUEST FORM

Institution Name Role Initials Please select role initials Please tick appropriate		l by Applicant(s) in Dup	olicate and Submitted to the	e Directorate of
Applicant No. 1 First Name Role Initials [Please select role initials from part B] Middle Name Last Name Mobile No. Title MRS. MR. MS. [Please tick appropriate] Applicant No. 2 First Name Role Initials [Please select role initials from part B] Middle Name Last Name Mobile No. Title MRS. MR. MS. [Please tick appropriate] Applicant No. 3 First Name Role Initials [Please select role initials from part B] Middle Name Last Name Mobile No. Title MRS. MR. MS. [Please tick appropriate] Applicant No. 3 First Name Role Initials [Please select role initials from part B] Middle Name Last Name Mobile No. Title MRS. MR. MS. [Please tick appropriate] Authorizer Name Authorizer Name Authorizer Signature				
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PART B PLEASE SELECT USER'S ROLE						
Role Name		F	Role Initial			
CDPBank_O		C	BO			
CDPBank_V		C	BV			
CDPBank A		C	BA			
CDPBank_Rpt		C	BR			
CDPBroker O		В	BO			
CDPBroker V		В	BV			
CDPBroker A		В	BA			
CDPBroker Rpt		В	BR			
SpecialClient O		S	SCO			
SpecialClient V		S	SCV			
SpecialClient A		S	SCA			
SpecialClient_Rpt		S	SCR			
CDP Administrator		(CA			
PART C [To be filled by Head of Financial Markets] I hereby recommend/Not recommend the applicant(s) be created in CDS Web Portal:						
	na/Not recommen	id the applicant	(s) be created in	CD3 Web Portal:		
REMARKS						
Signature			Date			
PART D	[To be Approved by Head of System Design and Administration]					
REMARKS						
Signature			Date			
PART E [To be filled by Application Administration]						
User ID Assigned						
Applicant No. 1						
Applicant No. 2						
Applicant No. 3						
Name of Attendin	g Officer	Signature		Date		