

Form No: CDS/USER/002

## CDS WEB PORTAL USER DEACTIVATION FORM

| Institution Name  First Name  Last Name  Email ID  Deactivate All Roles: YES NO [If NO Please fill specific roles from Part B]  Enter Role Initials to be Deactivated:  Authorizer Name  Authorizer Signature  Date | PART A [To be Filled by A Markets] | Applicant in D | uplicate and | d Submitted to the D          | Directorate of Financia | ıl |
|---|------------------------------------|----------------|--------------|-------------------------------|-------------------------|----|
| Last Name  Email ID  Deactivate All Roles: YES NO [If NO Please fill specific roles from Part B]  Enter Role Initials to be Deactivated:  Authorizer Name Authorizer Signature                                      | Institution Name                   |                |              |                               |                         |    |
| Email ID  Deactivate All Roles: YES NO [If NO Please fill specific roles from Part B]  Enter Role Initials to be Deactivated:  Authorizer Name  Authorizer Signature  | First Name                         |                |              |                               |                         |    |
| Deactivate All Roles: YES NO [If NO Please fill specific roles from Part B]  Enter Role Initials to be Deactivated:  Authorizer Name  Authorizer Signature  | Last Name                          |                |              |                               |                         |    |
| Enter Role Initials to be Deactivated:  Authorizer Name Authorizer Signature  | Email ID                           |                |              |                               |                         |    |
| Deactivated:  Authorizer Name  Authorizer Signature   | Deactivate All Roles: YES          | O NO           | [If NO Ple   | ease fill specific roles from | m <b>Part B</b> ]       |    |
| Authorizer Name Authorizer Signature  | Enter Role Initials to be          |                |              |                               |                         |    |
| Authorizer Signature  | Deactivated:                       |                |              |                               |                         |    |
| Authorizer Signature  |                                    |                |              |                               |                         |    |
| <u> </u>  | Authorizer Name                    |                |              |                               |                         |    |
| Date  | Authorizer Signature               |                | ·            |                               |                         |    |
|   | Date                               |                |              |                               |                         |    |

| PART B            | PLEASE SELECT USER'S ROLE |  |  |
|-------------------|---------------------------|--|--|
| Role Name         | Role Initial              |  |  |
| CDPBank_O         | CBO                       |  |  |
| CDPBank_V         | CBV                       |  |  |
| CDPBank_A         | CBA                       |  |  |
| CDPBank_Rpt       | CBR                       |  |  |
| CDPBroker_O       | BO                        |  |  |
| CDPBroker_V       | BV                        |  |  |
| CDPBroker_A       | BA                        |  |  |
| CDPBroker_Rpt     | BR                        |  |  |
| SpecialClient_O   | SCO                       |  |  |
| SpecialClient_V   | SCV                       |  |  |
| SpecialClient_A   | SCA                       |  |  |
| SpecialClient_Rpt | SCR                       |  |  |
| CDP Administrator | CA                        |  |  |



| PART C  | [To be filled by Head of Financial Markets]        |                |                  |                   |  |  |  |  |  |
|---|--|----------------|------------------|-------------------|--|--|--|--|--|
| I hereby recommend the applicant be deactivated in the CDS Web Portal:    |  |                |                  |                   |  |  |  |  |  |
| REMARKS   |  |                |                  |                   |  |  |  |  |  |
| Signature   |  |                | Date             |                   |  |  |  |  |  |
| PART D  | [To be Approve                                     | d by Head of S | ystem Design and | d Administration] |  |  |  |  |  |
| REMARKS   |  |                |                  |                   |  |  |  |  |  |
| Signature   |  |                | Date             |                   |  |  |  |  |  |
| PART E  | ART E [To be filled by Application Administration] |                |                  |                   |  |  |  |  |  |
| User ID   |  |                |                  |                   |  |  |  |  |  |
| Deactivated All Roles: YES NO [If NO Please fill deactivated roles below] |  |                |                  |                   |  |  |  |  |  |
| Enter Deactivated   | l Roles  |                |                  |                   |  |  |  |  |  |
| Name of Attendi   | ng Officer   | Signature      |                  | Date              |  |  |  |  |  |
|   |  |                |                  |                   |  |  |  |  |  |