

To : 1st Copy - Originating  
 From : 2nd Copy - Concerned Employee  
 Date : 3rd Copy - Main Office

**USER ACCESS FORM**

May we request issuance of the following

A. Nature of System Request :

B. User Details

- a. Name of Employee :
- b. Position/Title :
- c. Actual Function :
- d. Office/Branch :
- e. Telephone/Branch :
- f. ID Number :
- g. Password :

**IT FACILITY**

- Server
- Network
- Email
- System

**DEFINE SYSTEM**

- SBI Collect Portal
- CASA
- LMS
- SBPay
- CIF
- Micro Services: \_\_\_\_\_

**ACCESS ROLE**

**SBPay**

- Branch
- Head Office
- System Admin

**SBI Collect**

- Teller
- Loans Bookkeeper
- BOO
- Cashier
- Loans Processor
- CreCom

**LMS**

- Teller
- Loans Bookkeeper
- BOO
- Cashier
- Loans Processor
- CreCom
- Account Officer
- Branch Manager

**CASA**

- Teller
- GL/Loans Bookkeeper
- BOO
- Cashier
- Branch Manager
- Others: \_\_\_\_\_
- NAC

Remarks/Reason

**Agreement**

1. I shall use my system rights for authorized activities within current Banks rules and regulations to support business transactions and facilitate information dissemination.
2. I shall never share or divulge my password to anyone. I shall immediately notify my Supervisor, IT/Security Administrator, and the Internal Audit Group of any authorized access using my password.
3. I understand that:
  - a. I shall use the ID to view or access accounts for validation or reviewing transactions as defined in my current functions.
  - b. The account viewed /accessed shall not be copied, "cut and paste", stored in an auxiliary media, whether in soft and/ or hard copy form, except for official documentation purposes.
  - c. Information about any officer and/ or rank and file personnel of the Bank in the system shall not be discussed among co-employees and/ or persons outside the Bank.
  - d. The system ID/Password/Security Codes shall not be disclosed to anybody to access system applications and databases; and
  - e. I shall be responsible for all transactions initiated through the use of my ID.
4. I shall keep in strict confidence whatever records and information I may access and/ or acquire concerning the depositor of the Bank.
5. I am aware that I should always perform "Sign-Off" procedures every time I leave my work station/terminal.
6. I shall immediately print any system exception and problems and forward the same to the IT Administrator.
7. I shall assume full responsibility for any loss or damage that the Bank may suffer or incur as a consequence of any breach or violation of any of the terms and conditions herein set forth.

**Requestor**

**Verified by**

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Signature over printed name / Position

\_\_\_\_\_  
date

**Approved by (BOM)**

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
date

**Approved by (CTO)**

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
date

**Performed by**

\_\_\_\_\_  
Signature over printed name / Position

\_\_\_\_\_  
date