



INSTITUTION NAME:

DATE:

DEPOX WEB ACCESS USER:

- IN CHARGE OF CSD SYSTEM SECURID TOKENS
- IN CHARGE OF MAINTAINING USER RIGHTS

CHIEF SECURITY OFFICER (SUPER USER)

Employee Id	First Name	Middle Name	Surname	Email address	Primary Phone	Secondary Phone	Designation (Role in the institution)	Signature

AUTHORISED BY:

Designation	First Name	Surname	Email address	Primary Phone	Secondary Phone	Signature	Date & Stamp

 To be submitted by a participant institution's CEO when registering a CSO in charge of CSD System administration and management which includes Secure ID tokens handling.
 Send Original form to: The Director Payments & Settlements Department, Bank of Uganda. P.O. Box 7120, Kampala, Uganda and an online copy to: uniss_helpdesk@bou.or.ug -----



INSTITUTION NAME: _____

DATE: _____

ALL OTHER CSD - CAPTURERS
 USERS - AUTHORIZERS

Employee Id	First Name	Middle name	Surname	Email Address	CSD Role e.g. CSA	CSD User Id	Signature (Recipients/Users)

Requested by: Chief Security Officer's Stamp & Signature: _____ CSO Name: _____Requested by: Chief Operating Officer's Stamp & Signature: _____ COO Name: _____

Issued by BOU (Name+Signature): _____ Date: _____

To be printed by BOU: complete details of tokens issued against valid user ids and user names. The institution's CSO and the BOU issuing officer will sign at the bottom to confirm token receipt and assignment.

The CSO will use the last column **Signature** to get the users' confirmation of receiving their tokens. The CSO will send this completed form after distribution to Bank of Uganda.

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