
CSD USERS REGISTRATION FORM**FORM: TOKEN_D/1****ID:** _____**INSTITUTION NAME:** _____**DATE:** _____**ALL OTHER CSD
USERS**

- CAPTURERS
- 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.
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*
