

# User Privileges Form

**SECTION 1  
USER INFORMATION**

1. Name of User .....

2. Role on CIB ..... 3. Office Telephone/Extension.....

4. Mobile Number ..... 5. E-mail Address.....

6. Accounts to be configured for this user (Accounts listed for each user will be set up in accordance with instructions in Section 4)

Title	Account Number	Comment

7. Are you a simple Authorizer / Advanced Authorizer? If yes please state approval limit if applicable

**Limit GH¢**  **User Signature** ..... **Date**.....

.....  
**Authorized Signatories**      Signature..... Designation ..... Date.....

**SECTION 2  
PRIVILEGES**

Uploader	Authorizer	Admin
<input type="checkbox"/> Add Beneficiaries	<input type="checkbox"/> Approve Beneficiary	<input type="checkbox"/> Manage Users
<input type="checkbox"/> Make Payment	<input type="checkbox"/> Authorize Payment	<input type="checkbox"/> User Audit Trail
<input type="checkbox"/> Payment Upload	<input type="checkbox"/> Account Details	<input type="checkbox"/> Company Audit Trial
<input type="checkbox"/> Amend Payment	<input type="checkbox"/> Account Summary	<input type="checkbox"/> Change Password
<input type="checkbox"/> Account Details	<input type="checkbox"/> Account Activity	
<input type="checkbox"/> Account Summary	<input type="checkbox"/> Daily Transactions	
<input type="checkbox"/> Account Activity	<input type="checkbox"/> Search Payment	
<input type="checkbox"/> Daily Transactions	<input type="checkbox"/> Payment Status	
<input type="checkbox"/> User Audit Trail	<input type="checkbox"/> User Audit Trail	
<input type="checkbox"/> Transaction Search	<input type="checkbox"/> User Activity Statistics	
<input type="checkbox"/> Search Payment	<input type="checkbox"/> Company Audit Trial	
<input type="checkbox"/> Payment Status	<input type="checkbox"/> Change Password	
<input type="checkbox"/> Change Password		