

IBCI Online – New/Amend Individual User/ Organisation Representative/ Payment Authoriser



This form should be completed by Clients wishing to register new Users, Organisation Representatives and/or Payment Authorisers. Your relationship manager can provide guidance in completing the form if required. Note that Users with Enquiry only access can be set up by an Organisation Representative.

(Please identify all functions that they require access to even if they are currently set up on the system.)

1. Organisation details

Organisation name	<input type="text"/>
Contact name	<input type="text"/>
Contact telephone number	<input type="text"/>
Email address	<input type="text"/>

2. User details

User name	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Unique phrase/memorable word

(minimum 6, maximum 20 letters/spaces; please complete in Block Capitals)

The unique phrase/memorable word will be used to assist in verifying your identity when you contact us by telephone to obtain your initial password.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phrase/memorable word hint	<input type="text"/>
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Type of IBCI Online access required

Enquiry

Viewing balance and transactional information

Organisation access

View all client records

Client access

View specific, individual client records. Please specify client numbers in box below

<input type="text"/>

Administration

Full organisation representative

Create/maintain/remove users

Reset User Security Details

Set client allocation rights (reporting groups)

or

Password administration

Reset user Security Details

NB For security purposes the roles of Organisation Representative and Payment Authoriser are mutually exclusive unless the administration 'Four Eyes' function is in place.

Payments

View only

Full – view and create payments

Authorise (Authorisers **must** have full payment rights)

Authorisation Level

A

B

C

Token serial number to be re-assigned

or

Address for dispatch of new token

Additional information

Customer agreement

I/We confirm that the Board of Directors have approved this application and have accepted the IBCI Online Terms and Conditions.

I/We confirm that the information contained in this form is correct and agree to notify IBCI of any changes.

Name	<input type="text"/>	Name	<input type="text"/>
Position held	<input type="text"/>	Position held	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Position held	<input type="text"/>		
Signature	<input type="text"/>		
Date	<input type="text"/>		

Please note – this form should be signed in accordance with your Authorised Signatory List and signing rules.

Please return the completed form to IBCI Online Support, PO Box 188, Gategny Court, Gategny Esplanade, St Peter Port, Guernsey, GY1 3LP.

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