NACH DMS User Access Form

User Id Request	Mapping / Modify / Disable / Delete

S. No.	User Name (As in NACH)	NACH Role Type (Administrator / Supervisor / Maker / Viewer)	DMS Role Type (Super User / Administrator / Supervisor / Maker / Viewer)
1			
2			
3			
4			
5			
6			

Declaration: I agree to take all precautions and security measures as recommended in the IT security policy, procedures and all guidelines issued form time to time in this regard. I will use the application and system as per the laid down procedure and will not attempt unathorised access and changes to data.

	Signature	Seal
Requester Signature with Date & Seal		
Approver Signature with Date & Seal		

For NPCI Use			
Request Type		Recommended By	Approved By
Signature			

This is a confidential document and should not be circulated without seeking permission from NPCI