

All sections of this form are **mandatory** for releasing operators. Section 5 is not required for non-releasing operators

Section 1 - Profile details				
Company name				
User ID		Telephone number		
Section 2 - Options				
<input type="checkbox"/> Add <input type="checkbox"/> Amend <input type="checkbox"/> Delete				
Section 3 - Operator details				
Operator name				
Operator ID (if applicable)				
Identity number (RSA ID/Passport number)				
Cell number (mandatory)		Email address		
Contact number 1 (mandatory)		Contact number 2		
Business physical address				
				Postal code
Residential physical address (if releasing operator)				
				Postal code
Section 4 - Token details				
<input type="checkbox"/> First token		<input type="checkbox"/> Re-assigned token		Serial number of token to be re-assigned
Token order instructions				
Bulk delivery recipient/instruction				
Designated person		<input type="checkbox"/> Yes <input type="checkbox"/> No		Operator
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and surname		Recipient identity number		
Delivery address				
				Postal code
Contact number 1: country code		Area code	Number	
Contact number 2: country code		Area code	Number	
Cellphone number: country code		Area code	Number	
Email address				
Section 5 - Releasing details				
Is the operator a releasing operator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please complete the following section				
Releasing operators need to comply with FICA requirements. We therefore require an original certified copy of the releasing operator's ID as well as the relevant residential physical address (confirmation of residential address not required).				
Transaction type		Limit	Release Severally/Jointly	
Same Day Soonest Value service (SSVS)				
Own transfers				
Electronic Funds Transfer EFTS (2-5 day Service)				
Same Day Payment service (SDPS)				
Section 6 - Complete only if Operator account access is "Yes"				
Operator Account Access Details (enter account number(s) and select relevant options.)				
	Account 1	Account 2	Account 3	Account 4
Account Number				
Balances and Statements				
Payments (SSVS)				
Own Transfers				

Designated person/s initial _____

Section 7 - Operator access paths

Operator name _____

If amending existing operator's access paths please tick:

Additional access paths

Replacement access paths

Account management

Functionality	Current accounts	Savings account	Notice deposits	Call deposits	Fixed deposits	Business card
Balances						
Statements						
Stop payments						
Add						
Cancel						
Stop order - enquiry						
Add						
Amend						
Cancel						
Stop order - status						
Add						
Release						
Transaction details						
Give notice						
Cancel notice						
Notice actions						
Notice deposit status						
Notice given - Enquiry						

Please note: please do not complete the shaded out blocks' as this functionality is not available on our systems.

Designated person/s initial _____

Section 7 - Operator access paths (continued)

Operator name _____

Funds transfer							
	Credit details	Debtor details	CDI details	Own transfers	Collections	Payments	Other
Import							
Export							
Add							
Modify							
Display							
Copy							
Delete							
Audit report							
Verify							
Authorise change							
Release							
History							
EFTS Report							
Electronic unpaids							
ACB unpaids							
AVS							

Please note: please do not complete the shaded blocks' as this functionality is not available on our systems.

Designated person/s initial _____

Section 7 - Operator access paths (continued)

Operator name

Administration

- Administration
- Re-instate operator password
- Operator maintenance
- Account access
- Access paths
- General daily limits
- Release limits

Maintenance

- Reports/enquiries
- Billing
- Limit hierarchy - Print
- Log usage
- User portfolio
- Statement code download

Cash Management

- Cash management
- Reports

Section 8 - Authorisation

We understand the risks/implications of allocating these access paths to the operator

Designated person's name

Signature _____ Date (YYYY-MM-DD)

Designated person's name

Signature _____ Date (YYYY-MM-DD)

Please complete , fax and post to your nearest/relevant Business Online Admin Office. (please refer to contact us, admin contact details found on the business online home page).