

Attachment 1
CAPS - USER FORM

CLIENT'S (PARTNER'S) NAME	
CONTACT EMAIL (in case of account holder)	
EMAIL USED FOR SHAREHOLDER IDENTIFICATION (in case of account holder)	
CAPS PARTNER-ID (in case of new client please keep it blank)	

The following users are entitled to create new users, make them inactive and manage their permissions.

- IT administrator: Only he can create new users. He can authorize the settings made by the Business Administrator
- Business Administrator: Only he can set the user-roles of the individual users. He can authorize the creation of new users made by the IT Administrator.

At least one IT Administrator and one Business Administrator are required. (The third user is optional) One user ID can belong only to one user role. The temporary password of the user will be sent to the given email address.

USER's DATA's

REQUEST TYPE	NEW USER CREATION <input type="checkbox"/> / DISABLING ACCESS <input type="checkbox"/> / MODIFY DATA <input type="checkbox"/> / NEW PASSWORD REQUEST OR ACTIVE A DISABLED USER <input type="checkbox"/>
CAPS ROLE	ISSUER <input type="checkbox"/> / ACCOUNT HOLDER <input type="checkbox"/> / ISSUER AND ACCOUNT HOLDER <input type="checkbox"/>
USER ROLE	IT ADMINISTRATOR <input type="checkbox"/> / BUSINESS ADMINISTRATOR <input type="checkbox"/>
CAPS USER ID*	
FIRST / LAST NAME	
EMAIL ADDRESS	
PHONE NUMBER(S)	
BUSINESS FUNCTION	

REQUEST TYPE	NEW USER CREATION <input type="checkbox"/> / DISABLING ACCESS <input type="checkbox"/> / MODIFY DATA <input type="checkbox"/> / NEW PASSWORD REQUEST OR ACTIVE A DISABLED USER <input type="checkbox"/>
CAPS ROLE	ISSUER <input type="checkbox"/> / ACCOUNT HOLDER <input type="checkbox"/> / ISSUER AND ACCOUNT HOLDER <input type="checkbox"/>
USER ROLE	IT ADMINISTRATOR <input type="checkbox"/> / BUSINESS ADMINISTRATOR <input type="checkbox"/>
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CAPS USER ID*	
FIRST / LAST NAME	
EMAIL ADDRESS	
PHONE NUMBER(S)	
BUSINESS FUNCTION	

* KELER reserves the right to assign different user ID in case of a new application (e.g. if the requested ID is already reserved).

Place, Date:,

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Authorised signature