**Schedule C**

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### BOU UNISS REGISTRATION FORM – APRIL 2015 FORM:USER/1 INSTITUTION NAME:

**DATE:**

* + - **APPLICATION ADMINISTRATOR**
    - **CAPTURER ALL OTHER UNISS USERS - AUTHORISERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Employee Id | First Name | Middle Name | Surname | Email Address | Telephone No. | Role e.g. Capturer |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |

**Authorising Signature & Stamp**:

**Name**:

**Designation**:

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*To be submitted by a participant institution’s CSO when registering UNISS Users expected to receive the ordered tokens.*

*Send Original form to: The Director Payments & Settlements Department, Bank of Uganda. P.O. Box 7120, Kampala, Uganda. Contact* [*uniss\_helpdesk@bou.or.ug*](mailto:uniss_helpdesk@bou.or.ug) *for any enquiries.*

Authorised Signatory ………………… Authorised Signatory ……………..

Company Seal