***SCHEDULE I- UNIS System SecurID Token order form***



**BOU UNIS System SecurID Token ORDER FORM FORM: TOKEN\_O/1*****JULY 2009***

***ID:***

***=============================================================================***

**INSTITUTION NAME:**

**DATE:**

**TOTAL NUMBER OF TOKENS ORDERED: COST FOR THIS ORDER IN FIGURES: (US$):**

**COST FOR THIS ORDER IN WORDS (US$):**

**REASON FOR THIS ORDER**:

**CSO Signature & Stamp**:

**CSO Full Name**:

------------------------------------------------------------------------------------------------------------------------------

*To be submitted by a participant institution’s CSO when ordering for RTGS System SecurID 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* *for any enquiries.*

----------------------------------------------------------------------------------------------------------------------------- -

***Original copy – BOU***

***Duplicate – Participant Institution***