***Original – BO Duplicate – Participant Institution***

***SCHEDULE J-* BOU UNISS: TOKEN RECEIPT FORM FORM: TOKEN\_R/1*JULY 2009 ID:***

**INSTITUTION NAME:**

**DATE:**

|  |  |  |
| --- | --- | --- |
|  | RSA Token Serial Number | Expiry Date |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10.  |  |  |

**Total Number of Tokens: Ordered:**

**Taken**:

**Balance**:

**Amount due in figures: (US$)**

**Amount due In Words (US$)**:

**Signature**:

**CSO Full Name**:

**Issued by BOU (Name+Signature): Date:**

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*To be filled by a participant institution’s CSO when receiving RTGS System Secure ID tokens*

*Send Original form to: The Director Payments & Settlements Department, Bank of Uganda. P.O. Box 7120, Kampala, Uganda and an online copy to* *uniss\_helpdesk@bou.or.ug*

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