



Form No: CDS/USER/002

## CDS WEB PORTAL DEACTIVATION FORM

### PART A

*[To be filled by Applicant(s) in Duplicate and submitted to the Department of Domestic Markets]*

Institution Name:

First Name:

Last Name:

User ID:

Deactivate All Roles:  YES  NO *[If NO Please fill specific roles below]*

Enter Role Initials to be Deactivated:

<i>Role Name</i>	<i>Role Initial</i>
Client Registration Originator	CRO
Client Registration Verifier	CRF
Client Registration Authorizer	CRA
Bid Submission Originator	BSO
Bid Submission Verifier	BSV
Bid Submission Authorizer	BSA
ILF Originator	ILO
ILF Verifier	ILV
ILF Authorizer	ILA
Lombard Originator	LO
Lombard Verifier	LV
Lombard Authorizer	LA
Transfer Originator	TRO
Transfer Verifier	TRV
Transfer Authorizer	TRA
View Reports	VR

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



**PART B** *[To be filled by Head of Domestic Markets]*

I hereby recommend the applicant(s) be deactivated in the CDS Web Portal:

REMARKS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART C** *[Approval by MSDA]*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART D** *[To be filled by Application Administrator]*

User ID:

Deactivated All Roles:  YES  NO *[If NO Please fill deactivated roles below]*

Enter Deactivated Roles:

Name of Attending Officer

Signature

Date and Time

\_\_\_\_\_

\_\_\_\_\_

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