



## User Authorisation Form

Applies to account operators ***without*** local user authorisation administration.

Please use the form "Central Authorisation Administration Form" in order to report authorisation administrators.

Participant id <sup>1</sup>	Full name of participant

Account operator (if not the same as the concerned participant, e.g. if the participant above is a CID)	
Participant id	Full name of participant

Environment <sup>2</sup>
<input type="checkbox"/> VPC Test Environment (Acpt) <input type="checkbox"/> VPC Production Environment (Prod)

The request concerns
<input type="checkbox"/> New registration to be valid from..... <input type="checkbox"/> Termination to be valid from.....

**Please observe that if the form relates to the test environment, no authorisation groups must be stated. A user in VPC's test environment automatically receives access to all authorisation groups applicable to the participant.**

The user's name	
Office	User ID <sup>3</sup>
Authorisation groups	
1.....	
2.....	
3.....	
4.....	
5.....	
6.....	

<sup>1</sup> The participant id is the three letter clearing member identity code.  
<sup>2</sup> Please complete a copy for each environment in the case you intend to use both.  
<sup>3</sup> In case the user has a user ID, for new users leave the field blank.



7.....
8.....
9.....

<b>Euroclear Sweden notes</b>
Allotted user id.....
Default group.....
Password's number according to password list.....
Registration date.....
Signature.....

<b>Send by post to</b>
Euroclear Sweden AB Settlement & Asset Services Box 191 SE - 101 23 Stockholm Sweden

\_\_\_\_\_

Date

\_\_\_\_\_

Signature by authorised person(-s)

\_\_\_\_\_

Name(-s)