



LankaFIN User Account Request Form



Reporting Institution's Information												
Institution Name :		Code :										
Address :		Phone :										
		Fax :										
Requested Action												
<input type="checkbox"/> New User Account <input type="checkbox"/> Reset Password <input type="checkbox"/> Delete/Disable an Existing User Account												
User Information		<i>To be filled by User</i>										
User Name : Mr/Mrs/Miss.												
User Designation :		NIC No :										
Phone :	e-mail :	Date of Birth :										
<p>I do hereby confirm that my access to the LankaFIN is only for the purpose of performing my official duties and the exercise of my function in accordance with the requirements of the Financial Transactions Reporting Act No. 6 of 2006.</p>												
Signature of User :		Date :										
Reporting Institution's Authorization*		<i>To be filled by Supervising Officer</i>										
Authorized Account Access Level : <input type="checkbox"/> Compliance Officer <input type="checkbox"/> Compliance Assistant												
<p>I hereby declare that the information submitted for the user account for Mr/Mrs/Miss. are true and complete and hereby authorized his/her to act in his/her level permitted to use the LankaFIN system of the FIU.</p>												
Signature of Authorizing Officer with Official Stamp :												
Name of Authorizing officers : Mr/Mrs/Miss.												
Designation :		Date :										
Phone:	e-mail :	Fax :										
<p>NON-DISCLOSURE AGREEMENT: The individual who signs on is to be kept confidential and in any circumstances shall not share his/her log-on and other details with any other person. If an individual in your institution needs access, he/she must submit a new request through the compliance officer. Be advised that divulging your ID/Password to any other person is a violation of the Non-Disclosure Agreement and could result in legal action and/or loss of LankaFIN access.</p>												
FIU Use Only												
User ID Given :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											Date:
Name of System Administrator:												
Signature of the System Administrator:												

* In case of Compliance Officer, application to be authorized by his/her supervisor or CEO.
 In case of Compliance Assistant, application to be authorized by the Compliance Officer.