

**EMAIL ID CREATION FORM**

Date of Request: _____

Department/Branch Name: _____

NEW USER →

YES

/

NO

Name of User :		Mobile Number :
Designation :	Joining Date :	Personnel Number :
Working Area in Department/Branch :		

Suggested Email Address (es) (New Users only):

i.

ii.

OTHER AMMENDMENTS REQUIRED:A. Password Reset: Password Reset/Unlock

Reset v

☐

Unlock v

☐

Purpose of password reset/unlock: _____

Existing Email ID: _____

DECLARATION:

I, the user, hereby declaring that, the information stated above is true. I have **no email id (New user)** or **mentioned id (Old user)** in agranibank.org domain. I will change the provided default password immediately after first login. I will regularly change my password and keep it confidential. If any fraud take place using my ID, I will be fully liable for that.

 Implementation Officer
 (Signature with seal & Date)

 User
 (Signature with seal & Date)

 Manager/Divisional head
 (Signature with seal & Date)
IT Division Use Only

Account Created / Password Reset By:

Date Created:

 Created Username: @agranibank.org
@agranibank.org.bd

 Notified User By : Spoke v ☐ Emailed Manager v ☐

 Assigned Officer
 (Signature with seal & Date)