



Land Bank of the Philippines

BRANCH _____

Date _____

USER REQUEST/CERTIFICATION OF ACCESS RIGHTS FORM FOR EMDS (FOR AGENCY)

AGENCY NAME						CONTACT NOS.	LANDLINE			FAX		
AGENCY ADDRESS						AGENCY CODE	Organization Code					
NAME OF USERS		ACTION	USER ID	DATE OF BIRTH (MMDDYYYY)	TIN	FUNCTION/ROLE	EMAIL	MOBILE NO.	MOTHERS MAIDEN NAME	USER SIGNATURE		
FIRST NAME	MIDDLE NAME	LAST NAME										
1												
2												
3												
4												

AUTHORIZATION RULE INFORMATION

APPROVE ADVICE OF ISSUED CHECKS		PHILGEPS		APPROVE NTA		APPROVE LDAP-IC	
MDS Account Number/s		MDS Account Number/s		MDS Account Number/s		MDS Account Number/s	
1 _____	3 _____	1 _____	3 _____	1 _____	3 _____	1 _____	3 _____
2 _____	4 _____	2 _____	4 _____	2 _____	4 _____	2 _____	4 _____
AUTHORIZER/S	AMOUNT RANGE	AUTHORIZER/S	AMOUNT RANGE	AUTHORIZER/S	AMOUNT RANGE	AUTHORIZER/S	AMOUNT RANGE
1 _____		1 _____		1 _____		1 _____	
2 _____		2 _____		2 _____		2 _____	

APPROVE ADVICE OF CANCELLED CHECKS	APPROVE CHECKBOOK REQUEST (AGENCY)
MDS Account Number/s	MDS Account Number/s
1 _____ 3 _____	1 _____ 3 _____
2 _____ 4 _____	2 _____ 4 _____
AUTHORIZER/S	AUTHORIZER/S
1 _____	1 _____
2 _____	2 _____

FOR AGENCY:_____
AUTHORIZED SIGNATORY/DATE_____
AUTHORIZED SIGNATORY/DATE**REMINDERS**

ACTION : A-Addition; C- Change in Unit/Position/User's Personal Information D-Deletion; L- Lifting R-Reset Password

User ID : ID defined by Agency(Employee ID of the user) *Minimum of 4 Alphanumeric Characters, Maximum of 6

Function/Role : Role to be defined in the system "MAKER/AUTHORIZER"

FOR SERVICING BRANCH:_____
PROCESSED BY/DATE_____
VERIFIED/CHECKED BY/DATE_____
APPROVED BY/DATE

DISTRIBUTION : COPY 1- AGENCY COPY 2- BRANCH