Account Opening Requisition Form

Requestor Name:			
Requestor Student ID:		**Contact No.**	
Association/Event Name:			
Requisition Date:			
Email Address:			
Requested Period:	**From:**	**To :**	

Signatory Information: **Signatory:** _____ **Name:**_____ **Student/Staff ID:**_____	**Approved by:** **<u>Student Council Treasurer</u>** _____ **Name:** **ID:** **<u>Student Council President/Deputy President</u>** _____ **Name:** **ID:** **<u>Student Council Advisor</u>** _____ **Name:**

Signatory is compulsory and must be **<u>association/event treasurer</u>**, club president or event organising chairperson and advisor of association/programme. **<u>Notification will be sent to official UCSI student email only.</u>**

The acceptance of this account opening form does not constitute an acknowledgement of the account being opened. Kindly check the registered email for updates, acknowledgement and confirmation of your request.

By submitting this account opening form, the requestor had agreed to not violating UCSI Student Council Account for unlawful activity, upon the acceptance and granting of usage right of the UCSI Student Council Account. Associations/event organising committee are responsible to report the deposit 7 days after such deposit had been performed.

For Office Use:
Account Number:
Approved Period: