F1

CCR accreditation form*
for the persons authorised to report and receive credit risk information and card fraud information

1. REPORTING INSTITUTION

Name …….. **Code**……..…….
Address …….. **Phone number** ……. **Fax** ……..…

2. ACCREDITED PERSONS

Last name ……
First name ……..……
Job title ……..…
Phone number …… **Fax** ……..……..……
E- mail ……..……..……
Rights: **full** ☐ **query** ☐

Specimen signature | Specimen stamp

Last name ……
First name ……...
Job title ……..……
Phone number …… . **Fax** ……..……
E- mail ……..……..……
Rights: **full** ☐ **query** ☐

Specimen signature | Specimen stamp

Last name ……
First name ……..……
Job title ……..……
Phone number …… **Fax** ……
E- mail ……..……..
Rights: **full** ☐ **query** ☐

Specimen signature | Specimen stamp

Last name ……..…
First name ……..……
Job title ……..……...
Phone number ……. **Fax** ……
E- mail ……..……
Rights: **full** ☐ **query** ☐

Specimen signature | Specimen stamp

Last name ……
Firs name ……..……
Job title ……..……...
Phone number ……. **Fax** ……
E- mail ……..……
Rights: **full** ☐ **query** ☐

Specimen signature | Specimen stamp

3. ADMINISTRATORS **

Last name …….. **First name** ……..
Phone number …… **Fax** …… **E-mail** ……..……

Last name …… **First name** ……..……
Phone number …… **Fax** ……...… **E-mail** ……

Management of the reporting institution
Signature/ Stamp

* To be submitted via official letter to the NBR department coordinating the CCR activity.
** The appointment of two administrators is mandatory.

FILL-IN INSTRUCTIONS

Section 1 - REPORTING INSTITUTION

"Name" field

Fill in the full name of the reporting institution granting the accreditation.

"Code" field

Fill in the reporting institution code assigned by the National Bank of Romania to the reporting institution granting the accreditation.

"Address" field

Fill in the reporting institution's address.

"Phone number" field

Fill in the reporting institution's telephone number.

"Fax" field

Fill in the reporting institution's fax number.

Section 2 - ACCREDITED PERSONS

"Last name" and "First name" fields

Fill in the last name and first name respectively of the accredited person.

"Job title" field

Fill in the job title or position the accredited person holds within the reporting institution.

"Phone number/Fax/E-mail" fields

Fill in the office phone number, fax number and e-mail address respectively of the accredited person.

"Rights" field

Fill in by ticking the box:

a. "full" – for accredited persons entitled to report and receive credit risk information and card fraud information;
b. "query" – for the persons entitled only to query the CCR database.

"Specimen signature" field

Fill in the accredited person's regular signature.

"Specimen stamp" field

Fill in the stamp impression accompanying the accredited person's signature.

Section 3 - ADMINISTRATORS

"Last name" and "First name" fields

Fill in the last name and first name respectively of the person appointed to manage the reporting institution's users.

"Phone number/Fax/E-mail" fields

Fill in the office phone number, fax number and e-mail address respectively of the administrator.

"Management of the reporting institution" field"

Fill in the signature of one of the reporting institution's managers and the stamp impression accompanying the signature.