

## USER ACCOUNT APPLICATION FORM

Ref  
No

### 1.0 ACCOUNT TYPE

<input type="text"/> User Level	Managing Authority	<input type="text"/>	Payment Unit	<input type="text"/>
	Line Ministry (MEFL)	<input type="text"/>	Certifying Authority	<input type="text"/>
	Beneficiary	<input type="text"/>	Audit Authority	<input type="text"/>
	Line Ministry (Beneficiary)	<input type="text"/>		

<input type="checkbox"/> User already has an EMFF14-20 Account	Yes <input type="checkbox"/>	Level	<input type="text"/>
	No <input type="checkbox"/>		<small>Select from Managing Authority, Payment Unit, Line Ministry (MEFL), Certifying Authority, Beneficiary, Audit Authority or Line Ministry (Beneficiary)</small>

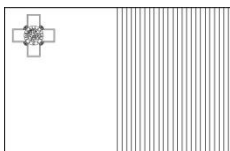
### 2.0 DETAILS

#### 2.1 Personal

<input type="text"/> Surname and Name	<input type="text"/>		
<input type="text"/> ID Card Number	<input type="text"/>	<input type="text"/> UMS Login	<input type="text"/> corp\ <small>Applicable only in the case of CORP users</small>
<input type="text"/> Designation	<input type="text"/>		

#### 2.2 Office

<input type="text"/> Office Name	<input type="text"/>
<input type="text"/> Office Address	<input type="text"/>



## 2.3 Contact Details

eMail Address			
Telephone Number		Mobile Number	

## 2.4 Declaration by the Applicant

I am hereby accepting responsibility to access the EMFF Database 2014 - 2020 and to follow rules and obligations which arise from the use of this database. I am hereby agreeing to access this database solely to carry out my duties related to projects funded under the EMFF Programme. I declare that I will not divulge any information or details arising from the use of this system to other individuals or entities outside the office indicated above.

I, the undersigned, state that I will:

- Only certify payments for which I have the necessary authority (where applicable);
- Request termination of access rights when no longer needed or justified;
- Promptly report suspicious events that may bring prejudice to the security of the system;
- Not divulge my access details (username and password) to anyone, including higher or lower staff;
- Inform the EMFF Database Systems Administrator in writing about any changes affecting myself in my role at the above office; and
- Take the necessary precautions in terms of data privacy protection as per National and Commission's Regulations.

I also state that the above data identifying me is accurate.

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Signature of the Applicant

Date

Information gathered from this application is held in accordance with the Data Protection Act. All "Personal Data" is held by the ICT Unit within the Managing Authority in order to provide you with online access to services. This Application Form may not be copied by any means (except by the Applicant) and the original shall be kept in a secure area within the ICT Unit. All applicants are to ensure that all information within this application form is correct and complete. All provided data shall be used for the purpose indicated unless your prior permission is sought. All data is kept for no longer than necessary. ICT management reserves the right to terminate access without any notification.

## 3.0 ENDORSEMENT BY THE HEAD OF THE ORGANISATION

- In the case of the Managing Authority the form is to be endorsed by the Head of Unit or by a senior Officer (in his/her absence or if the applicant is the Head of Unit him/herself).*
- In the case of the Line Ministry the form is to be endorsed by the Director (Programme Implementation) or by the Permanent Secretary if the applicant is the Director (Programme Implementation) him/herself.*

I approve that \_\_\_\_\_ (name of the applicant) is provided access to the European Maritime & Fisheries Fund Database 2014-2020 on behalf of my organisation as indicated hereunder:

Rights <i>Delete as applicable</i>		EMFF Programme/Union Priority / EMFF Measure <sup>1</sup> <i>Insert reference as applicable</i>	Editing Rights on Technical Assistance <i>Applicable only in the case of the Managing Authority - Delete as applicable</i>	
Viewing Only	Editing Rights		Yes	No

I will also notify the ICT Unit by email in order to terminate the above access rights when they are no longer required or justified.

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Signature of the Head of the Organisation

Date

This application form is to be submitted to the ICT Unit within the Funds & Programme Division, The Oaks Business Centre, Block B, Farsons Street, Hamrun, HMR1321

<sup>1</sup> *applicants should list only the EMFF UP/ Measure they are responsible for. In case of access required for more than one UP/Measure (which may be the case for some users), these should be listed.*

## 4.0 APPROVAL BY THE MANAGING AUTHORITY

*This Section does not apply in the case of the Managing Authority.*

### 4.1 Receipt

*(this sub-section applies in the case of Horizontal Stakeholders, Line Ministries and Beneficiaries)*

Date received	
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### 4.2 Approval

*(this sub-section only applies in the case of Beneficiaries)*

Application Endorsed	Yes	<input type="checkbox"/>	Reason(s)	
	No	<input type="checkbox"/>		

### 4.3 Projects inserted in the system for which the User is to be given access

*This sub-section only applies in the case of Beneficiaries. Applications for projects whose details have yet to be inserted in the system cannot be completed.*

Project Code(s)	
MA Officers (to be copied)	

*Including names of Senior Officers*

Signature of the Head of the  
Organisation

Name

Date

## 5.0 PROCESSING BY THE ICT UNIT

	Date	Signature
Application Form Received On:		
Application Accepted <i>Tick where applicable</i>		
Yes <input type="checkbox"/>		
No <input type="checkbox"/>		
User Account Created on: <i>Applicable only if the Application is accepted</i>		
Reason(s) for Rejection <i>Applicable only if the Application is rejected</i>		
Additional Comments		

# INSTRUCTIONS TO APPLICANTS HOW TO FILL IN THE FORM

The EMFF 2014-2020 Database Application Form is divided into 5 Sections. Applicants will be required to fill in Sections 1 and 2, seek endorsement (in Section 3) and proceed to send the application to the Managing Authority of the European Maritime and Fisheries Fund (2014-2020) within the Funds and Programmes Division, The Oaks Business Centre, Block B, Farsons Street, Hamrun, HMR1321.

The remaining parts of the application form (Sections 4 and 5) will be processed by the Managing Authority and by the internal ICT Unit respectively.

## Section 1 – User Type

<p>In this section you are required to indicate the type of Organisation you are part of by ticking the appropriate box accordingly</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">User Level</td> <td style="padding: 2px;">Managing Authority</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td style="padding: 2px;">Payment Unit</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> </tr> <tr> <td></td> <td style="padding: 2px;">Line Ministry (OPM)</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td style="padding: 2px;">Certifying Authority</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> </tr> <tr> <td></td> <td style="padding: 2px;">Beneficiary</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td style="padding: 2px;">Audit Authority</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> </tr> <tr> <td></td> <td style="padding: 2px;">Line Ministry (Beneficiary)</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td></td> <td></td> </tr> </table>	User Level	Managing Authority		Payment Unit			Line Ministry (OPM)		Certifying Authority			Beneficiary		Audit Authority			Line Ministry (Beneficiary)			
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	Line Ministry (Beneficiary)																				
<p>Please indicate whether you already have an EMFF 14-20 Account (indicating the type you have accordingly).</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">User already has an EMFF14-20 Account</td> <td style="padding: 2px;">Yes</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td style="padding: 2px;">Level</td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> <tr> <td></td> <td style="padding: 2px;">No</td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td></td> <td style="font-size: 8px; text-align: center;">Select from Managing Authority, Payment Unit, Line Ministry (OPM), Certifying Authority, Beneficiary, Audit Authority or Line Ministry (Beneficiary)</td> </tr> </table>	User already has an EMFF14-20 Account	Yes		Level			No			Select from Managing Authority, Payment Unit, Line Ministry (OPM), Certifying Authority, Beneficiary, Audit Authority or Line Ministry (Beneficiary)										
User already has an EMFF14-20 Account	Yes		Level																		
	No			Select from Managing Authority, Payment Unit, Line Ministry (OPM), Certifying Authority, Beneficiary, Audit Authority or Line Ministry (Beneficiary)																	

## Section 2 – Details

<p>In Section 2.1 please fill in your personal details. The ID Card Number is required in order to distinguish between other users having the same name and also in view of the fact that other fields may change. In the case of corp users you are also required to fill in the corp user name (i.e. the same username used to access their computer). Please list your present designation.</p>	<p><b>2.1 Personal</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Surname and Name</td> <td colspan="3" style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">ID Card Number</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">UMS Login</td> <td style="border: 1px solid black; padding: 2px;">Corp<sup>1</sup></td> </tr> <tr> <td></td> <td></td> <td colspan="2" style="font-size: 8px; text-align: center;">Applicable only in the case of CORP users</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Designation</td> <td colspan="3" style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> </table>	Surname and Name				ID Card Number		UMS Login	Corp <sup>1</sup>			Applicable only in the case of CORP users		Designation			
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		Applicable only in the case of CORP users															
Designation																	
<p>In Section 2.2 kindly fill in the Office in which you are deployed and its official address.</p>	<p><b>2.2 Office</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Office Name</td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Office Address</td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> </table>	Office Name		Office Address													
Office Name																	
Office Address																	
<p>In Section 2.3 kindly fill in the basic contact details, i.e. the eMail Address, telephone number and Mobile Number. In the case of the eMail address this should be the one to which only you have access. If a generic/shared email account is provided, the account might not be generated since the password would be sent to such shared email account.</p>	<p><b>2.3 Contact Details</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">eMail Address</td> <td colspan="3" style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Telephone Number</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Mobile Number</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> </tr> </table>	eMail Address				Telephone Number		Mobile Number									
eMail Address																	
Telephone Number		Mobile Number															
<p>In Section 2.4 you need to endorse a number of provisions (as explained further in the Section). The form will not be processed unless such section is properly filled in.</p>	<p><b>2.4 Declaration by the Applicant</b></p> <p style="font-size: 8px;">I am hereby accepting responsibility to access the EMFF Database 2014 - 2020 and to follow rules and obligations which arise from the use of this database. I am hereby agreeing to access this database solely to carry out my duties related to projects funded under the EMFF Programme. I declare that I will not divulge any information or details arising from the use of this system to other individuals or entities outside the office indicated above.</p> <p style="font-size: 8px;">I, the undersigned, state that I will:</p> <ol style="list-style-type: none"> <li>a) Only certify payments for which I have the necessary authority (where applicable);</li> <li>b) Request termination of access rights when no longer needed or justified;</li> <li>c) Promptly report suspicious events that may bring prejudice to the security of the system;</li> <li>d) Not divulge my access details (username and password) to anyone, including higher or lower staff;</li> <li>e) Inform the EMFF Database Systems Administrator in writing about any changes affecting myself in my role at the above office; and</li> <li>f) Take the necessary precautions in terms of data privacy protection as per National and Commission's Regulations.</li> </ol> <p style="font-size: 8px;">I also state that the above data identifying me is accurate.</p> <p style="text-align: center; margin-top: 20px;">.....</p> <p style="text-align: center; margin-top: 5px;">Signature of the Applicant <span style="float: right;">Date</span></p> <p style="font-size: 8px; margin-top: 10px;">Information gathered from this application is held in accordance with the Data Protection Act. All "Personal Data" is held by the ICT Unit within the Managing Authority in order to provide you with online access to services. This Application Form may not be copied by any means (except by the Applicant) and the original shall be kept in a secure area within the ICT Unit. All applicants are to ensure that all information within this application form is correct and complete. All provided data shall be used for the purpose indicated unless your prior permission is sought. All data is kept for no longer than necessary. ICT management reserves the right to terminate access without any notification.</p>																

## Section 3 – Endorsement by Head

<p>In the case of the Managing Authority the form is to be endorsed by the Head of Unit or by a Senior Officer (in his/her absence or if the applicant is the Head of Unit him/herself). In the case of the Line Ministry the form is to be endorsed by the Director (Programme Implementation) or by the Permanent Secretary if the applicant is the Director (Programme Implementation) him/herself. In all other instances the application is to be endorsed by the Head of the Organisation. All fields are to be filled in and endorsed. The form will not be processed unless such section is properly filled in.</p>	<p>I approve that _____ (name of the applicant) is provided access to the European Maritime &amp; Fisheries Fund Database 2014-2020 on behalf of my organisation as indicated hereunder:</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">Rights <i>Delete as applicable</i></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">EMFF Programme/Union Priority / EMFF Measure<sup>1</sup> <i>Insert reference as applicable</i></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">Editing Rights on Technical Assistance <i>Applicable only in the case of the Managing Authority - Delete as applicable</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Viewing Only</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Yes</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Editing Rights</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">No</td> </tr> </table> <p style="font-size: 8px; margin-top: 10px;">I will also notify by the ICT Unit by email in order to terminate the above access rights when they are no longer required or justified.</p> <p style="text-align: center; margin-top: 20px;">.....</p> <p style="text-align: center; margin-top: 5px;">Signature of the Head of the Organisation <span style="float: right;">Date</span></p> <p style="font-size: 8px; margin-top: 10px;">This application form is to be submitted to the ICT Unit within the Funds &amp; Programme Division, Triq il-Kuċċarja, Santa Venera, SVR 1411</p>	Rights <i>Delete as applicable</i>	EMFF Programme/Union Priority / EMFF Measure <sup>1</sup> <i>Insert reference as applicable</i>	Editing Rights on Technical Assistance <i>Applicable only in the case of the Managing Authority - Delete as applicable</i>	Viewing Only		Yes	Editing Rights		No
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