

USER ACCOUNT APPLICATION FORM

Ref No CARS-

For internal use

1.0 DETAILS

1.1 Personal

| | |
|------------------|--|
| Surname and Name | |
|------------------|--|

| | | | |
|----------------|--|-----------|-------|
| ID Card Number | | UMS Login | Corp\ |
|----------------|--|-----------|-------|

Applicable only in the case of CORP users

1.2 Office

| | |
|-------------|--|
| Office Name | |
|-------------|--|

| | |
|----------------|--|
| Office Address | |
|----------------|--|

1.3 Contact Details

| | |
|---------------|--|
| eMail Address | |
|---------------|--|

| | |
|----------------|--|
| Contact Number | |
|----------------|--|

1.4 Declaration by the Applicant

I am hereby accepting responsibility to access the CARS 2014 - 2021 Database 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 EEA/Norway Programmes. 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 CARS 2014-2021 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.

Signature of the Applicant

Date

Information gathered from this application is processed in accordance with principles set out in the General Data Protection Regulation ((EU) 2016/679) and the Data Protection Act (CAP586). All "Personal Data" is processed by the ICT Unit within the National Focal Point in order to provide you with online access to services. This Application Form may not be copied by any means (except by the data subject) 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 only, unless your prior consent is sought. This document shall be kept available for the FMC and the EFTA Board of Auditors for a period of at least three years following the FMC's approval of the final programme report. ICT management reserves the right to terminate access without any notification.

| | | |
|------------|---------------------|--|
| 2.0 | ACCOUNT TYPE | <small>(Only ONE account type may be selected)</small> |
|------------|---------------------|--|

| | | | | |
|------------|--|--------------------------|----------------------|--------------------------|
| User Level | Beneficiary - Editing | <input type="checkbox"/> | National Focal Point | <input type="checkbox"/> |
| | Beneficiary - Certifying | <input type="checkbox"/> | Programme Operator | <input type="checkbox"/> |
| | Line Ministry (Beneficiary) | <input type="checkbox"/> | Certifying Authority | <input type="checkbox"/> |
| | Line Ministry (MEAE) | <input type="checkbox"/> | Audit Authority | <input type="checkbox"/> |
| | Programme Operator - SGS | <input type="checkbox"/> | System Administrator | <input type="checkbox"/> |
| | National Focal Point - FCU | <input type="checkbox"/> | | |
| | Treasury <small>(specify role)</small> | | | |

| | | |
|---------------------------------------|------------------------------|--|
| User already has a CARS 14-21 Account | Yes <input type="checkbox"/> | Level <input style="width: 90%;" type="text"/> |
| | No <input type="checkbox"/> | If YES, state current level |

| | |
|------------|--|
| 3.0 | ENDORSEMENT BY THE HEAD OF THE ORGANISATION |
|------------|--|

- In the case of the National Focal Point 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 CARS 2014-2021 Database on behalf of my organisation as indicated hereunder:

| | | | | | | |
|--|---|--|--|---|-----|----|
| Rights <small>Delete as applicable</small> | EEA/Norway Programme/Project <small>Insert reference as applicable</small> | Editing Rights on Technical Assistance <small>Applicable only in the case of the National Focal Point - Delete as applicable</small> | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;">Viewing Only</td> <td style="width: 50%; text-align: center;">Editing Rights</td> </tr> </table> | Viewing Only | Editing Rights | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table> | Yes | No |
| 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.

| | | |
|---|----------|------|
| Signature of the Head of the Organisation | Position | Date |
|---|----------|------|

4.0 APPROVAL BY THE NATIONAL FOCAL POINT

This Section does not apply in the case of the National Focal Point.

4.1 Receipt

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

| | |
|---------------|--|
| Date received | |
|---------------|--|

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) | |
| NFP 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 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 CARS 2014-2021 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 National Focal Point of the EEA and Norway Grants (2014-2021) within the Funds and Programmes Division, Kukkanja Street, Santa Venera.

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 – Details

| | |
|--|--|
| <p>In Section 1.1 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).</p> | <p>1.1 Personal</p> <p>Surname and Name <input style="width: 100%;" type="text"/></p> <p>ID Card Number <input style="width: 50%;" type="text"/> UMS Login <input style="width: 50%;" type="text"/> Corpi <input style="width: 100%;" type="text"/></p> <p style="text-align: right; font-size: small;">Applicable only in the case of CORP users</p> |
| <p>In Section 1.2 kindly fill in the Office in which you are deployed and its official address.</p> | <p>1.2 Office</p> <p>Office Name <input style="width: 100%;" type="text"/></p> <p>Office Address <input style="width: 100%;" type="text"/></p> |
| <p>In Section 1.3 kindly fill in the basic contact details, i.e. the eMail Address, Contact Number. In the case of the eMail address this should be the one to which only you have access.</p> | <p>1.3 Contact Details</p> <p>eMail Address <input style="width: 100%;" type="text"/></p> <p>Contact Number <input style="width: 100%;" type="text"/></p> |
| <p>In Section 1.4 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>1.4 Declaration by the Applicant</p> <p>I am hereby accepting responsibility to access the CARS 2014 - 2021 Database 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 EEA/Norway Programmes. 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>I, the undersigned, state that I will:</p> <ol style="list-style-type: none"> a) Only carry payments for which I have the necessary authority (where applicable); b) Request termination of access rights when no longer needed or justified; c) Promptly report suspicious events that may bring prejudice to the security of the system; d) Not divulge my access details (username and password) to anyone, including higher or lower staff; e) Inform the CARS 2014-2021 Database Systems Administrator in writing about any changes affecting myself in my role at the above office; and f) Take the necessary precautions in terms of data privacy protection as per National and Commission's Regulations. <p>I also state that the above data identifying me is accurate.</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Signature of the Applicant Date</p> |

Section 2 – 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> | <p>2.0 ACCOUNT TYPE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> User Level</td> <td style="width: 25%;"><input type="checkbox"/> Beneficiary - Editing</td> <td style="width: 25%;"><input type="checkbox"/> National Focal Point</td> </tr> <tr> <td><input type="checkbox"/> Beneficiary - Certifying</td> <td><input type="checkbox"/> Line Ministry (Beneficiary)</td> <td><input type="checkbox"/> Programme Operator</td> </tr> <tr> <td><input type="checkbox"/> Line Ministry (MEAE)</td> <td><input type="checkbox"/> Line Ministry (MEAE)</td> <td><input type="checkbox"/> Certifying Authority</td> </tr> <tr> <td><input type="checkbox"/> Programme Operator - BSB</td> <td><input type="checkbox"/> Programme Operator - BSB</td> <td><input type="checkbox"/> Audit Authority</td> </tr> <tr> <td><input type="checkbox"/> Treasury (sp/ty/role)</td> <td><input type="checkbox"/> Treasury (sp/ty/role)</td> <td><input type="checkbox"/> System Administrator</td> </tr> </table> | <input type="checkbox"/> User Level | <input type="checkbox"/> Beneficiary - Editing | <input type="checkbox"/> National Focal Point | <input type="checkbox"/> Beneficiary - Certifying | <input type="checkbox"/> Line Ministry (Beneficiary) | <input type="checkbox"/> Programme Operator | <input type="checkbox"/> Line Ministry (MEAE) | <input type="checkbox"/> Line Ministry (MEAE) | <input type="checkbox"/> Certifying Authority | <input type="checkbox"/> Programme Operator - BSB | <input type="checkbox"/> Programme Operator - BSB | <input type="checkbox"/> Audit Authority | <input type="checkbox"/> Treasury (sp/ty/role) | <input type="checkbox"/> Treasury (sp/ty/role) | <input type="checkbox"/> System Administrator |
| <input type="checkbox"/> User Level | <input type="checkbox"/> Beneficiary - Editing | <input type="checkbox"/> National Focal Point | | | | | | | | | | | | | | |
| <input type="checkbox"/> Beneficiary - Certifying | <input type="checkbox"/> Line Ministry (Beneficiary) | <input type="checkbox"/> Programme Operator | | | | | | | | | | | | | | |
| <input type="checkbox"/> Line Ministry (MEAE) | <input type="checkbox"/> Line Ministry (MEAE) | <input type="checkbox"/> Certifying Authority | | | | | | | | | | | | | | |
| <input type="checkbox"/> Programme Operator - BSB | <input type="checkbox"/> Programme Operator - BSB | <input type="checkbox"/> Audit Authority | | | | | | | | | | | | | | |
| <input type="checkbox"/> Treasury (sp/ty/role) | <input type="checkbox"/> Treasury (sp/ty/role) | <input type="checkbox"/> System Administrator | | | | | | | | | | | | | | |
| <p>Please indicate whether you already have a CARS 14-20 Account (indicating the type you have accordingly).</p> | <p>User already has a CARS 14-21 Account: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Level: <input style="width: 100%;" type="text"/></p> <p style="text-align: right; font-size: small;">*Please state the level</p> | | | | | | | | | | | | | | | |

Section 3 – Endorsement by Head

| | | | | | | | |
|---|---|--|---|--|---------------------------------------|---|--|
| <p>In the case of the National Focal Point 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>3.0 ENDORSEMENT BY THE HEAD OF THE ORGANISATION</p> <p>- In the case of the National Focal Point 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).</p> <p>- 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.</p> <p>I approve that _____ (name of the applicant) is provided access to the CARS 2014-2021 Database on behalf of my organisation as indicated hereunder:</p> <table style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">Rights <small>(Check as applicable)</small></td> <td style="border: 1px solid black; padding: 5px;">EEA/Norway Programme Project <small>(Insert reference as applicable)</small></td> <td style="border: 1px solid black; padding: 5px;">Editing Rights on Technical Assistance <small>(Applicable only in the case of the National Focal Point - Check as applicable)</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Viewing Only <input type="checkbox"/></td> <td style="border: 1px solid black; padding: 5px;">Editing Rights <input type="checkbox"/></td> <td style="border: 1px solid black; padding: 5px;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>I will also notify the ICT Unit by email to cancel terminate the above access rights when they are no longer required or justified.</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Signature of the Head of the Organisation Position Date</p> <p style="font-size: x-small; text-align: center;">*This application form will be submitted to the ICT Unit within the Funds & Programmes Division. For help, please contact: EEA 1611</p> | Rights <small>(Check as applicable)</small> | EEA/Norway Programme Project <small>(Insert reference as applicable)</small> | Editing Rights on Technical Assistance <small>(Applicable only in the case of the National Focal Point - Check as applicable)</small> | Viewing Only <input type="checkbox"/> | Editing Rights <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rights <small>(Check as applicable)</small> | EEA/Norway Programme Project <small>(Insert reference as applicable)</small> | Editing Rights on Technical Assistance <small>(Applicable only in the case of the National Focal Point - Check as applicable)</small> | | | | | |
| Viewing Only <input type="checkbox"/> | Editing Rights <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |