

Migration and Security Information System

USER ACCOUNT APPLICATION FORM

Ref
No

For office use only

1.0 ACCOUNT TYPE

User Level

Responsible
Authority

Treasury

Beneficiary

Audit Authority

Line Ministry

User already has an
MSIS14-20 Account

Yes

If yes,
kindly
state level

No

Select From Responsible Authority, Beneficiary Treasury or Audit Authority

2.0 DETAILS¹

2.1 Personal

Surname and Name

ID Card Number

UMS
Login

corp\

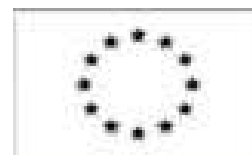
¹ Information gathered from this application is held in accordance with the Data Protection Act. All "Personal data" is held by the Responsible Authority (RA) in order to provide you with online access to services. The front page of this application form may not be copied by any means (except by Applicant). All applicants are to ensure that all information introduced in this application form is correct and complete. All data provided shall be used for the purpose indicated unless your prior permission is sought. All data is kept for no longer than necessary. The RA reserves the right to terminate access without any notification.



Asylum, Migration and Integration Fund (2014-2020)
Internal Security Fund (2014-2020)

Co-financing rate: 75% EU Funds: 25% Beneficiary
Funds

*Sustainable Management of Migration Flows and
Internal Security*



Migration and Security Information System

Applicable only in the case of CORP users

Designation	
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2.2 Office

Office Name	
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Office Address	
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2.3 Contact Details

Email Address	
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Telephone Number		Mobile Number	
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2.4 Declaration by the Applicant

I am hereby accepting responsibility to access the MSIS 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 AMIF and ISF 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 MSIS 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

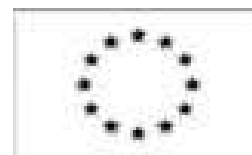
Date



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3.0 ENDORSEMENT BY THE HEAD OF THE ORGANISATION

I approve that _____ (name of the applicant in BLOCK LETTERS) is provided access to the Management Solid Information System 2014-2020 on behalf of my organisation as indicated hereunder:

User level (select where applicable)	Rights:	
<input type="checkbox"/>	Responsible Authority	Editing and Viewing Rights to all except Treasury Tab.
<input type="checkbox"/>	Beneficiary	<input type="radio"/> Read only rights on Operation and Activities. ² <input type="radio"/> Read and Editing Rights on Procurement, Payment Claim and Payment Authorisation.
<input type="checkbox"/>	Treasury	Viewing and Editing Rights on Treasury Tab only.
<input type="checkbox"/>	Audit Authority	Read only rights on All.
<input type="checkbox"/>	Line Ministry	Read only rights on All.

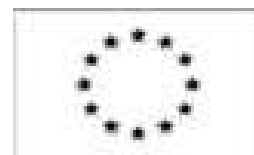
² Please select only one option.



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Sustainable Management of Migration Flows and Internal Security



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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

Date

4.0 APPROVAL BY THE RESPONSIBLE AUTHORITY

This Section does not apply in the case the applicant is from the Responsible Authority.

4.1 Receipt

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

Date received

4.2 Approval

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

Application
Endorsed

Yes

Reason(s)

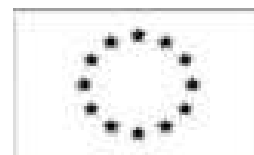
No



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Signature of the Head of the
Organisation

Name

Date

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

Applications for projects whose details have yet to be inserted in the system cannot be completed.

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

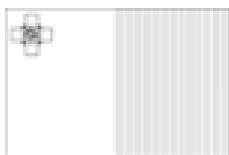
Including names of Senior Officers

5.0 PROCESSING BY THE ICT UNIT

Application Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for rejection if any:
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Application Form Processed On:	
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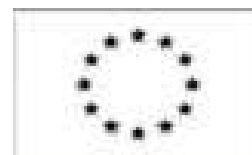
User Account Created on:	
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Applicable only if the Application is accepted

Additional Comments

Signature of ICT Unit

Name

Date

INSTRUCTIONS TO APPLICANTS HOW TO FILL IN THE FORM

The MSIS 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 Responsible Authority of the Asylum, Migration and Integration Fund as well as Internal Security Fund (2014-2020) 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 Responsible 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>	<p>1.0 ACCOUNT TYPE</p> <p>User Level <input type="checkbox"/></p> <p>Responsible Authority <input type="checkbox"/> Treasury <input type="checkbox"/></p> <p>Beneficiary <input type="checkbox"/> Audit Authority <input type="checkbox"/></p>
<p>Please indicate whether you already have an MSIS 14-20 Account (indicating the level you have accordingly).</p>	<p>User already has an MSIS14-20 Account Yes: <input type="checkbox"/> If yes, kindly state level <input type="text"/></p> <p>No: <input type="checkbox"/></p> <p><small>Select From Responsible Authority, Beneficiary Treasury or Audit Authority</small></p>

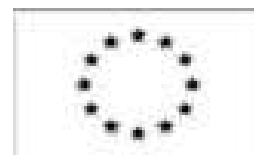
Section 2 – Details



**Asylum, Migration and Integration Fund (2014-2020)
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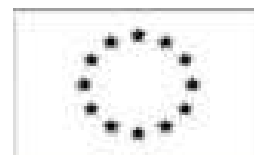
<p>In Section 2.1 please fill in your personal details. The ID Card Number is required in order to distinguish between other users having the same name and also in view of the fact that other fields may change. Corp users are also required to fill in the corp user name (i.e. the same username used to access your computer). Please also list your present designation.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>2.0 DETAILS¹</p> <p>2.1 Personal</p> <p>Surname and Name <input type="text"/></p> <p>ID Card Number <input type="text"/> UMS Login <input type="text"/> corp <input type="text"/> <small>Applicable only in the case of CORP users</small></p> <p>Designation <input type="text"/></p> <p><small>¹ Information gathered from this application is held in accordance with the Data Protection Act. All "Personal data" is held by the Responsible Authority (RA) in order to provide you with online access to services. The front page of this application form may not be copied by any means (except by Applicant). All applicants are to ensure that all information introduced in this application form is correct and complete. All data provided shall be used for the purpose indicated unless your prior permission is sought. All data is kept for no longer than necessary. The RA reserves the right to terminate access without any notification.</small></p> </div>
<p>In Section 2.2 kindly fill in the Office in which you are deployed and its official address.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>2.2 Office</p> <p>Office Name <input type="text"/></p> <p>Office Address <input type="text"/></p> </div>
<p>In Section 2.3 kindly fill in the basic contact details, i.e. the Email Address, telephone number and Mobile Number. The email address should be the one 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 the shared email account.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>2.3 Contact Details</p> <p>Email Address <input type="text"/></p> <p>Telephone Number <input type="text"/> Mobile Number <input type="text"/></p> </div>
<p>In Section 2.4 you need to endorse a number of provisions (as explained further in the Section). The form will <u>not</u> be processed unless this section is properly filled in.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>2.4 Declaration by the Applicant</p> <p><small>I am hereby accepting responsibility to access the MSIS 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 AMIF and ISF 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.</small></p> <p><small>i, the undersigned, state that I will:</small></p> <ul style="list-style-type: none"> <small>a) Only certify payments for which I have the necessary authority (where applicable);</small> <small>b) Request termination of access rights when no longer needed or justified;</small> <small>c) Promptly report suspicious events that may bring prejudice to the security of the system;</small> <small>d) Not divulge my access details (username and password) to anyone, including higher or lower staff;</small> <small>e) Inform the MSIS Database Systems Administrator in writing about any changes affecting myself in my role at the above office; and</small> <small>f) Take the necessary precautions in terms of data privacy protection as per National and Commission's Regulations.</small> <p><small>I also state that the above data identifying me is accurate.</small></p> <p>-----</p> <p style="text-align: center;">Signature of the Applicant Date</p> </div>



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Section 3 – Endorsement by Head

<p>In the case of the Responsible 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 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 <u>not</u> be processed unless such section is properly filled in.</p>	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">3.0 ENDORSEMENT BY THE HEAD OF THE ORGANISATION</td> </tr> <tr> <td colspan="2"> <p>I approve that _____ (name of the applicant in BLOCK LETTERS) is provided access to the Management Solid Information System 2014-2020 on behalf of my organisation as indicated hereunder:</p> </td> </tr> <tr> <td style="text-align: center;">Rights</td> <td style="text-align: center;">ISF/AMIF Programmes/TA <i>Insert reference as applicable</i></td> </tr> <tr> <td style="text-align: center;">Viewing Only <input type="checkbox"/></td> <td style="text-align: center;">Editing Rights <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>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.</p> </td> </tr> <tr> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> <tr> <td style="text-align: center;">Signature of the Head of the Organisation</td> <td style="text-align: center;">Date</td> </tr> </table>	3.0 ENDORSEMENT BY THE HEAD OF THE ORGANISATION		<p>I approve that _____ (name of the applicant in BLOCK LETTERS) is provided access to the Management Solid Information System 2014-2020 on behalf of my organisation as indicated hereunder:</p>		Rights	ISF/AMIF Programmes/TA <i>Insert reference as applicable</i>	Viewing Only <input type="checkbox"/>	Editing Rights <input type="checkbox"/>	<p>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.</p>		Signature of the Head of the Organisation	Date
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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, Triq il-Kukkanja, Santa Venera, SVR 1411



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