

## NEW STAFF SIGN IN / OUT

**Please make sure that the proprietor below is the same person that signed the contract with Hafiz Bros Travel & Money Transfer Limited**

### **SIGN IN**

I hereby confirm that as the proprietor of this agency, I would like for the below individuals to be added to the staff members that are authorised to process transactions. I confirm that the below staff member has been fully trained on the guidelines given in the training and compliance manual. I further confirm that they fully understand the anti-money laundering procedures that have been outlined in the compliance and training manual. For each of the staff members, I am also enclosing the AML responsibilities sign off sheet along with a copy of the ID.

**Date:** \_\_\_\_\_ **Agent Name:** \_\_\_\_\_

Proprietors Name \_\_\_\_\_ Signature \_\_\_\_\_

Proprietors Name \_\_\_\_\_ Signature \_\_\_\_\_

Proprietors Name \_\_\_\_\_ Signature \_\_\_\_\_

Proprietors Name \_\_\_\_\_ Signature \_\_\_\_\_

Proprietors Name \_\_\_\_\_ Signature \_\_\_\_\_

Proprietors Name \_\_\_\_\_ Signature \_\_\_\_\_

### **SIGN OUT**

I hereby confirm that as the proprietor of this agency, I wish for the below person(s) to be removed from the list of person(s) that are authorised to do transactions and I request a new password for myself and current operators as a preventive measure from Hafiz Bros Limited.

**NB:** If there are any chances or reasons to believe a security breach please contacts **Hafiz Bros Travel & Money Transfer Limited**.

**Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Proprietors Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Staff Name to be removed:** \_\_\_\_\_