

# Partner External Access Form

Operational Information and Authorisation Form

## Partner Details

### Partner Name

<i>The name of the Partner company applying for access to Metro</i>
RC Administration Limited

### Partner Type

<i>Delete as appropriate</i>
Scheme Administrator

### Business Contact(s)

<i>Name(s)</i>
Esther Salmon

<i>Position</i>
Administrator

<i>Email Address(es)</i>
esther@retirement.capital

<i>Contact Number(s)</i>
0330 311 0088

## Partner Technical Details

### Type of Access Required

<i>Access method</i>

### PCI Compliance

<i>Description of data being exchanged</i>

<i>Is any data being exchanged subject to PCI Compliance restrictions?</i>

<i>If Yes above, is Partner Company PCI Compliant?</i>

### Specific Source IPs

<i>IP addresses or ranges – this will be used to lock down source IP access to Metro systems</i>
194.37.96.200

### Technical Contact(s)

Name(s)
Prem Kumar
Position
Administrator
Email Address(es)
prem.kumar@crm-masters.com
Contact Number(s)
0330 3110088

### File Transfer Details

#### Files transfer

	Incoming Files(To Metrobank)	Outgoing files(To partner)
<b>Time</b> (not needed for MMA / SIPP / Corporate / Introducer )		
<b>Frequency:</b>	Daily	Choose an item.
<b>Location</b> where the files should copied from/to (not needed for MMA / SIPP / Corporate / Introducer )		
<b>Notification:</b> People who needs to be notified when files arrive or leave		
<b>Customer and account number</b>		

### Metro Authorisation

#### Metro Business Contact

Name of Metro relationship manager
Position / Department
Email Address

--

Contact Number(s)

**IT Authorisation**

Name
Esther Salmon

Signed
<i>Esther Salmon</i>