

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>
Registered Scheme Administrator 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)
Time (not needed for MMA / SIPP / Corporate / Introducer)		
Frequency:	Daily	Choose an item.
Location where the files should copied from/to (not needed for MMA / SIPP / Corporate / Introducer)		
Notification: People who needs to be notified when files arrive or leave		
Customer and account number		

Metro Authorisation

Metro Business Contact

Name of Metro relationship manager
Position / Department
Email Address

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Contact Number(s)

IT Authorisation

Name
Esther Salmon

Signed
<i>Esther Salmon</i>