

Registration – Client Portal for Disbursements

Instructions:

Each Government agency (Agency) of a Developing Member Country (DMC) participating in Client Portal for Disbursements (CPD) will complete this registration form. The completed form may be scanned and sent to the following e-mail account adbcpd@adb.org or faxed to ADB Headquarters at +632 636 2606. The original form should be signed by an authorized official of the Agency and received by ADB within 30 calendar days of this account request. It can be mailed to ADB Headquarters or the relevant resident mission.

Please complete all four pages.

1: Agency Details

Name of the Relevant DMC
(required)

Name of the Agency
(required)

Telephone Number
(required)

Please include the country code and city/region code suitable for international dialing.

Postal Address
(required)

Please provide the complete address of your agency, including the country name and any required postal codes, appropriately for addressing international postal mail

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2: Authorization

Instructions:

ADB enables Government agencies to (i) access certain financial information related to a specific project; and (ii) create and deliver Withdrawal Application, in CPD. Throughout this form, the word “loan” is used to refer to an ADB loan or grant or both.

Central Government Ministries and Agencies:

If your agency is a central government agency responsible for the entire relationship between the Government and ADB, you may request access to information on the entire withdrawal applications submitted by the DMC through the CPD.

Country Access **DMC Name:** _____

Executing Agency of a Particular Loan:

If your agency is an executing agency for a particular loan, you may request access to all disbursement information of the loan, by providing the name of the project financed by the loan.

Project Access **Name of Executing Agency:** _____

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3: Details of Authorized Officials

Full Name
(required)
(Format: First, Middle and Last Name)

Role
(required)

Email Address
(required)

Postal Address
(required)

Telephone Number
(required)

Please provide the complete address where the user receives official mail, including the country name and any required postal codes, appropriately for addressing international postal mail.

Full Name
(required)
(Format: First, Middle and Last Name)

Role
(required)

Email Address
(required)

Postal Address
(required)

Telephone Number
(required)

Please provide the complete address where the user receives official mail, including the country name and any required postal codes, appropriately for addressing international postal mail.

* Please indicate as appropriate. The creator will have access to prepare and view withdrawal applications. The verifier will have access to view and verify the withdrawal applications before submission. The viewer will only have access to view withdrawal applications.

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4: Web Access Agreement for Agencies

This agreement will be signed by an authorized representative of the agency. Please submit the signed original to ADB.

1. The [name of the Agency] (“Agency”) is being provided access to the CPD. ADB will grant access to the CPD to those employees or representatives of the Agency who have been identified by the Agency as having a need to access the CPD in connection with the official duties of the Agency, and who have accepted this Web Access Agreement for Users (“Users”). The names of these employees or representatives and their role are reflected in page 3 of this form. It is understood that access to the CPD is provided to Users subject to the condition of their compliance with the terms and conditions of the Web Access Agreement for Users, and that such access may be revoked if such terms and conditions are violated.¹
2. The CPD is intended to serve as one of ADB’s delivery channel for loan withdrawal application. The CPD will allow the {Borrower} {Beneficiary} {Recipient} to deliver by electronic means the Withdrawal Applications and supporting documents to ADB.

Users agree that they will not republish, print, download, copy, retransmit (including fax and email) or display (by use of an html “frame” or otherwise) any portion of this CPD or the content of any document without the prior written consent of ADB, except for reasonable copying, downloading, printing or distribution in the course of their official duties for the Agency. Users of this CPD agree that their use may be monitored, tracked and recorded.

3. **No Liability for Computer Viruses.** ADB shall not be liable for any harm caused by the transmission, through the Website of a computer virus or other computer code or programming device that might be used to access, modify, delete, damage, corrupt, disable, disrupt or otherwise impede in any manner the operation of the services or any of the software, hardware data or property owned by the Government or the Agency.
4. **Privacy Policy.** As part of the account request and approval process for this site, ADB will collect information about Users, including name, employer, e-mail address and phone number. ADB will also set and access session cookies (temporary security information) on Users’ computers and may use Users’ information (a) to identify the User as an authorized user, (b) to monitor use of the CPD for internal administration and analysis, and (c) to send users additional information and notifications regarding the CPD.
5. **Forms.** The Agency shall not alter supplied electronic forms in any way. ADB reserves the right to reject any submissions that it deems to violate this agreement.

Full Name (Please print.)²

Title

Agency

Authorized Signature

Date

¹ The Users will also have access to the disbursement and related information of the loan on ADB’s Loan and Grant Financial Information System (LFIS/GFIS) website.

² The signatory of the form should be a competent authority of the Agency. Please use the following format: First, Middle and Last Name.