

Local Security Administrator/ Manager Form

Please create Sign-in /User ID's (s) as per below mentioned details:

Agency Name (Subscriber): _____

Admin, LSA/LSM rights to be given to users bearing below Subscriber Details

S. No	Amadeus Office Id	User Name		User Sign-in (Any 4 digits)	Date of Birth (DD/MM/YYYY)	Designation	User mobile Number	User E Mail ID
		First Name	Surname					

Additional staff list of the Subscriber

S. No	Amadeus Office Id	User Name		Sign-in (Any 4 digits)	Date of Birth (DD/MM/YYYY)	Designation	Mobile Number	E Mail ID	ADMIN/ LSA Email	ADMIN Mobile
		First Name	Surname							
1										
2										
3										
4										

Above mentioned sign in(s)/user id's will be created post the installation /activation of access to Amadeus GDS. Typical time frame is 24 Working hours. Default password would be **Amadeus1** and password needs to be changed on first access. It is recommended for your safety to keep a strong password with a combination of alpha numeric characters and maintain confidentiality of password. Password reset requests would use above mentioned email id and mobile numbers and Subscriber needs to ensure that these are unique and accurate.

Subscriber undertakes to inform local Amadeus helpdesk in case their staffs with LSA /LSM rights moves from its LSM/LSA role. This information has to be via written correspondence from registered email ID for an urgent action.

Use strong passwords, with no sharing of credentials between several individuals or reuse of the same password in multiple products or tools, meaning all employees and users must use unique passwords for each product and service, including their work e-mail account; and conduct awareness sessions for all employees and users on how to recognize and prevent phishing attempts which may compromise user credentials. Subscriber offices will be solely responsible for any damages or costs or liabilities arising out of a Subscriber Office's failure to implement any such requirements, policies or standards.

For and on behalf of Subscriber (travel agency name)

Signature of owner or director of the travel agency (with stamp)

Name: _____ Designation: _____
Date: _____ Place: _____

Disclaimer: Please note it is the travel agent's or the subscriber's sole responsibility for up-to-date maintenance of the Sign Bank/ User ID's.