Request for Additional User Licences



Please complete form below and return to $\underline{support\text{-}cms\text{-}uk\text{-}u@dyedurham.com}$

| Company Details | | | |
|--|-----------------------------|---|---------------------|
| Company Name | | | |
| Contact Name | | | _ |
| Contact e-mail: | | | _ |
| New User Details | | | _ |
| New Users Name: | | | |
| New User E-mail: | | | |
| Name of User for Swap | | | |
| E-mail of Swap user | | | - |
| Access Level | | | |
| □ Partner | ☐ Secretary | □ Cashier | |
| ☐ Fee Earner | ☐ Practice Manager | ☐ Accountant | |
| Optional additional Functionality (M and GDPR) | aking Tax Digital | | |
| ☐ Review/Submit VAT ☐ □ | Delete documents | ☐ Redact file information | |
| - | | retary's will by default have this disabled. Plea ave blank if you want the default setting. | se indicate here if |
| □ Enable □ Disable | | | |
| Licence Details | | | |
| Please select which licence type:- — Hosted Only (Cashier) | | ☐ Unity® Practice Management Only | |
| ☐ Hosted (Cashier), Docshub & Unity® Practice Management | | ☐ Unity® Practice Management & DocsHub | |
| Please Note:- | | | |
| If requesting a Fee Earner or P relevant time recording rates. | | ır Cashier to add them onto the system as a Fe | e Earner with the |
| ☐ Please arrange Online training for the | nis user (The Training tear | n will notify you of any training costs) | |
| Client Confirmation | | | |
| | | that your new total monthly fee will be invoiveen receipt of invoice and collection of fees b | |

Signed: _____

Date: _____