



INTERNET BANKING APPLICATION FORM

TO BE FILLED BY CUSTOMER

Name of Customer:

Postal Address:

Email Address:

Mobile Number:

Customer Category:

Corporate/Retail
(Delete whichever is inapplicable)

Two factor authentication (please tick)

- I. Hard Token ()
- II. SMSTAN ()
- III. MOTP ()

Accounts to be linked

No.	Account No	Limit	Branch	No	Account No	Limit	Branch
1				6			
2				7			
3				8			
4				9			
5				10			



The bank that Listens

Users and services to be linked (Please tick to select the service you request for each user)

S/N	FULL NAME	USER MOBILE NUMBER	USER EMAIL ADDRESS	ACCESS LEVEL				ACCOUNT NUMBER	USER LIMIT
				VIEW ONLY	INPUT ONLY	VIEW APPROVE	FULL ACCESS		
1									
2									
3									
4									
5									

Authorized signatories' signatures to grant above the right to operate Internet banking

- | | Full Name | Signature | |
|----|-----------|-----------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |



FOR BANK USE ONLY

Customer details verification (BRANCH)

Customer Authorization Mandate:

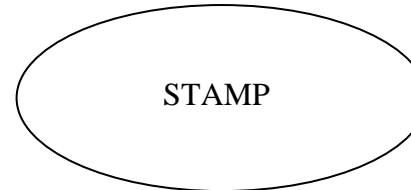
- 1. Sole Proprietor (*Tick*) _____
- 2. Two to Sign (*Tick*) _____
- 3. Either to Sign (*Tick*) _____
- 4. Multiple Signatures (*Tick*) _____

Bank Officer:

Name: _____ Signature: _____ Date: _____

Manager Business Banking:

Name: _____ Signature: _____ Date: _____



APPLICATION PROCESSING AT HEAD OFFICE

I hereby confirm that Internet banking has been set up as requested.

Service Administrators:

Maker Name: _____ Title..... Signature: _____ Date _____

Checker Name: _____ Title..... Signature: _____ Date _____

