



APPLICATION FOR INTERNET BANKING FACILITY

Dear Sir/Madam,

I/We wish to apply for the Internet Banking Facility and given below my/our details to enable you to process the application.

Name of Individual / Company / Organization with title. Customer Number (CIF) (BANK USE ONLY)

CONTACT DETAILS.

Postal Address:

Telephone No: Mobile No:

Email Address:

ACCOUNTS TO BE LINKED: (Current/ Savings A/Cs)

FIXED DEPOSITS & LOAN ACCOUNTS (Enquiry Only)

- 1.
2.
3.
4.

- 1.
2.
3.
4.

Transaction Limits

Transaction Type

Transaction Limits

- Own Account Transfers
Own Account to Other Account (within POB)
Own Account to Other Bank Account
Bulk Fund Transfers
Cheque Book Request Facility
Utility Bill Payment
Own Account to Purse

I/We hereby confirm that the information given above is true and correct. I/We further confirm that I/We have read and understood the terms and conditions governing Internet Banking Facility. I/We hereby agree to abide by them and to subsequent amendments, variations or charges there to which may at any time be made by the Bank.

Authorize Signatories

- 1.Name: Signature
2.Name: Signature
3.Name: Signature

OFFICE USE ONLY

Application Captured By: Name..... Signature:.....

Application Authorized By: Name..... Signature:.....

Password Print By: Name..... Signature:.....

Customer Verified By: Name.....Signature:.....

Accounts Link & Limit setup By: Name.....Signature:.....

Application Approved By: Name.....Signature:.....

If partnership all partners signature required

If Company accounts all authorized signatures and board resolution required.