



INTERNET BANKING APPLICATION FORM

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT TELEPHONE: _____

DO YOU HAVE ANY OTHER ACCOUNT (SUBSIDIARY OR DIFFERENT NAME) FOR WHICH YOU INTEND TO USE THIS SERVICE

YES / NO IF YES STATE THE ACCOUNT NUMBER(S)

1) _____

2) _____

3) _____

4) _____

To add more accounts, please attach another copy of this form duly signed by the authorized signatories.

WHERE WOULD YOU LIKE TO PICK UP YOUR ACTIVATION PACK? Tick as appropriate

HEAD OFFICE (SURULERE)

REDEMPTION CAMP BRANCH

(Kindly note that your Activation Pack can only be picked up by an Authorized Signatory to the Account)

I have carefully read, signed and attached the Signed Internet Banking Agreement
Tick as appropriate

.....
AUTHORISED SIGNATORY
(SIGN, DATE & PHONE NO)

.....
AUTHORISED SIGNATORY
(SIGN, DATE & PHONE NO)

.....
AUTHORISED SIGNATORY
(SIGN, DATE & PHONE NO)

.....
AUTHORISED SIGNATORY
(SIGN, DATE & PHONE NO)