



Second Level Authentication Form for Individuals (Existing Internet Banking Users)

PLEASE FILL IN ALL DETAILS IN BLOCK (CAPITAL) LETTERS

ACCOUNT DETAILS

Branch:		Date:.....(DD).....(MM).....(YY)
Account Name:		

SECOND LEVEL AUTHENTICATION

Choose the preferred mode of second level authentication for transactions Token SMS

Mobile Number	
Email Address	

PICK UP OPTION

Branch _____ Diaspora Desk Courier delivery

DECLARATION BY THE APPLICANT

I hereby apply for Internet Banking facility from African Banking Corporation Limited. I warrant that the information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the Terms and Conditions. I accept and agree that I am liable for all direct and indirect, special, incidental or consequential damages, losses, costs or expenses arising as a result of my use of this facility. I hereby Indemnify the Bank against all losses that may incur as a result of my use of this facility. I understand that the Bank reserves the right to decline this application without giving reasons.

Signature		Date	
Signature		Date	
Signature		Date	

FOR BANK USE

Mobile No correctly captured Email Address correctly captured

Pre-printed Username & Serial No. _____

Token Serial No.		Mobile No.	
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Input by:		Approved by:	
Name:		Name:	
Sign:		Sign:	

Date of Activation Date:.....(DD).....(MM).....(YY)