

INTERNET BANKING SERVICE APPLICATION FORM FOR COMPANIES OR JOINT USERS

PLEASE FILL IN DETAILS IN CAPITAL LETTERS

Branch: _____

Date: _____

Application type: New ☐ Modification ☐

CUSTOMERS DETAILS

Customer(s) Name:	
Physical Address:	Town/City:
Telephone Number:	Mobile Number:
Email Address:	

ACCOUNTS TO BE SET-UP

Account Name	Account Number
1 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FUNDS TRANSFER LIMITS

Please indicate your preferred cumulative maximum daily limit to be transacted Currency Amount

AUTHORIZED USERS

User Profile 1	
Name:	Unique User name:
Mobile Number:	Passport/ID Number:
Transaction limit:	
Email Address:	
Access level(tick where applicable) <input type="checkbox"/> View Only <input type="checkbox"/> Input <input type="checkbox"/> Approver <input type="checkbox"/> Full Access	
Access All Accounts N/Y <input type="checkbox"/> (If no please specify) _____	
User Profile 2	
Name:	Unique User name:
Mobile Number:	Passport/ID Number:
Transaction limit:	
Email Address:	
Access level(tick where applicable) <input type="checkbox"/> View Only <input type="checkbox"/> Input <input type="checkbox"/> Approver <input type="checkbox"/> Full Access	
Access All Accounts N/Y <input type="checkbox"/> (If no please specify) _____	
User Profile 3	
Name:	Unique User name:
Mobile Number:	Passport/ID Number:
Transaction limit:	
Email Address:	
Access level(tick where applicable) <input type="checkbox"/> View Only <input type="checkbox"/> Input <input type="checkbox"/> Approver <input type="checkbox"/> Full Access	
Access All Accounts N/Y <input type="checkbox"/> (If no please specify) _____	
User Profile 4	
Name:	Unique User name:
Mobile Number:	Passport/ID Number:
Transaction limit:	
Email Address:	
Access level(tick where applicable) <input type="checkbox"/> View Only <input type="checkbox"/> Input <input type="checkbox"/> Approver <input type="checkbox"/> Full Access	
Access All Accounts N/Y <input type="checkbox"/> (If no please specify) _____	

User Profile 5			
Name:		Unique User name:	
Mobile Number:	Passport/ID Number:	Transaction limit:	
Email Address:			
Access level(tick where applicable) <input type="checkbox"/> View Only <input type="checkbox"/> Input <input type="checkbox"/> Approver <input type="checkbox"/> Full Access			
Access All Accounts N/Y <input type="checkbox"/> (If no please specify) _____			
User Profile 6			
Name:		Unique User name:	
Mobile Number:	Passport/ID Number:	Transaction limit:	
Email Address:			
Access level(tick where applicable) <input type="checkbox"/> View Only <input type="checkbox"/> Input <input type="checkbox"/> Approver <input type="checkbox"/> Full Access			
Access All Accounts N/Y <input type="checkbox"/> (If no please specify) _____			

Data Protection Privacy Notice

The information that you input here shall be retained by us strictly for our own use in line with the Data Protection Act No. 24 of 2019, our Privacy Policy and the Privacy Notice and you consent to the application of the Data Protection Act No. 24 of 2019 and the Bank's Privacy Policy and the Privacy Notice to all information provided to the Bank. This Privacy Notice may be updated from time to time and the most recent version can be found on our website or with our customer care representative. If you would like any further information contact our Data Protection Officer or kindly contact us at ABC Bank House, Woodvale Grove, Westlands, P. O. Box 38610 – 00800, Nairobi addressed 'for the attention of the DPO'.

ACCEPTANCE

By signing below, I/we acknowledge that I/we am/are authorised signatory(s) of the account(s) indicated above and that the information provided herein is correct and true to the best of my/our knowledge and I/we endorse the instruction set forth in this document.

AUTHORIZED SIGNATORIES			
	Name	Signature	Date
1.			
2.			
3.			
4.			
5.			

Above signatures witnessed by: _____ Signature: _____ Date: _____

FOR BANK USE ONLY

BRANCH AUTHORIZATION

Signatures and mandate verified by:

Name: Signature: Date:

Approval by Branch Operations Manager/Branch Manager

Name: Signature: Date:

CHANNELS OPERATIONS OFFICE

Account Mandate & KYC Confirmation ☐ Customer Set-up ☐ Transaction Limit ☐ System Rights Allocated ☐

Remarks:

Input By: Signature: Date:

Verified by: Signature: Date: