

Date :

*Please fill in details in capital letters*

Branch ----- Application type: New  Modification

## Customers Details

Customer(s) Name:

Physical Address:  Town/City:

Mobile Number:  Email Address:

## Accounts To Be Set-up

1. Account Name:

Account Number:

2. Account Name:

Account Number:

3. Account Name:

Account Number:

4. Account Name:

Account Number:

## Transaction Limit

Internal Fund Transfer  RTGs  SWIFT  Bulk Payment

## AUTHORIZED USERS

### User Profile 1

Name:

Mobile Number:  Passport/ID No:

Email Address:  Signatory Yes  No

Access level(tick where applicable) View Only  Processor  Approver

Approval Authority Jointly  Singly

## AUTHORIZED USERS

### User Profile 2

Name:

Mobile Number:  Passport/ID No:

Email Address:  Signatory Yes  No

Access level(tick where applicable) View Only  Processor  Approver

Approval Authority Jointly  Singly

## AUTHORIZED USERS

### User Profile 3

Name:

Mobile Number:  Passport/ID No:

Email Address:  Signatory Yes  No

Access level(tick where applicable) View Only  Processor  Approver

Approval Authority Jointly  Singly

## AUTHORIZED USERS

### User Profile 4

Name:

Mobile Number:  Passport/ID No:

Email Address:  Signatory Yes  No

Access level(tick where applicable) View Only  Processor  Approver

Approval Authority Jointly  Singly

## 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			

## For Bank Use Only

### Branch Authorization

Signatures and mandate verified by

Name: ..... Signature ..... Date .....

### Approval by Branch Operations Manager/Branch Manager

Name: ..... Signature ..... Date .....

### Central Operations Office

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

Remarks: .....

Verified By: ..... Signature ..... Date .....

Approved By: ..... Signature ..... Date .....