CRDB Bank Plc

INTERNET BANKING APPLICATION FORM

TO BE FILLED BY CUSTOMER

Name of Customer:

Postal Address:

Email Address:

Mobile Number: **Fax Number:**

Customer Category: **Corporate/Retail**
(Delete whichever is inapplicable)

Accounts to be linked

No.	Account no	Branch	No.	Account no	Branch
1			6		
2			7		
3			8		
4			9		
5			10		

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(Users and services to be linked (Please tick to select the service you request for each user)

S/No	Full Name	User Mobile Number (Only One)	User Email Address	Account information	Remittance advise	Bills payments	Requests	Bulk Payment	Internal Transfer	TISS	SWIFT	Trade Finance	Payment creator	Payment Verifier	Payment authorizer
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Authorized signatories' signatures to grant above the right to operate internet banking

	Full Name	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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FOR BANK USE ONLY

Customer details verification (BRANCH)

Customer Authorization Mandate:

1. Sole Proprietor *(Tick)* _____
2. Either to Sign (*Tick)* _____
3. Two to Sign (*Tick)* _____
2. Multiple Signatures (*Tick)* _____

Bank Officer:

*Name:*_____ *Signature:*_____ *Date:*_____

Manager Business Banking:

*Name:*_____ *Signature:*_____ *Date:*_____

APPLICATION PROCESSING AT HEAD OFFICE

I hereby confirm that Internet banking has been set up as requested.

Service Administrators:

Maker Name:_____ Title…… Signature:_____ Date_____

Checker Name:_____ Title……...Signature:_____ Date_____