



Mobile Banking

Request Form

Applicant's Details

Title: Dr. Chief Mr. Mrs. Others

Surname

First Name

Other Names

NUBAN Account Number

Telephone Number

Valid e-mail Address

Branch Code Where Account (NUBAN) is Domiciled

Residential Address.....

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City.....State..... Occupation

Employer's Address.....

Declaration:

We hereby, declare and confirm that the information herein provided is complete and accurate in every material particular and that the Bank and/or its staff stands exonerated in respect of any liability arising out of the negligence of the customers. We further confirm that the completion of this form serves as a mandate for the operation of our account via Mobile Banking System

Customer's Signature.....Date.....

For Branch/e-Business Management Use Only

Processing Branch.....

• KYC Confirmation *(Y/N) Signature Verification *(Y/N)

Verified By

Name.....Staff Id Signature.....Date.....

Authorized By

Name.....Staff Id Signature.....Date.....

Business Process Improvement Dept.