

**ONLINE PAYMENTS ACTIVATION FORM**

PERSONAL / JOINT / SOLE PROPRIETORSHIP

(PLEASE COMPLETE IN BLOCK CAPITALS AND TICK WHERE NECESSARY)

☐ NEW☐ AMEND**ACCOUNT DETAILS**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| SURNAME:        | <input type="text"/> | SURNAME:        | <input type="text"/> |
| FIRST NAME:     | <input type="text"/> | FIRST NAME:     | <input type="text"/> |
| OTHER NAME:     | <input type="text"/> | OTHER NAME:     | <input type="text"/> |
| TELEPHONE N°:   | <input type="text"/> | TELEPHONE N°:   | <input type="text"/> |
| MOBILE N°:      | <input type="text"/> | MOBILE N°:      | <input type="text"/> |
| E-MAIL ADDRESS: | <input type="text"/> | E-MAIL ADDRESS: | <input type="text"/> |
|                 | <input type="text"/> |                 | <input type="text"/> |

**ACCOUNT N°(S):**

|   |                      |    |                      |
|---|----------------------|----|----------------------|
| 1 | <input type="text"/> | 6  | <input type="text"/> |
| 2 | <input type="text"/> | 7  | <input type="text"/> |
| 3 | <input type="text"/> | 8  | <input type="text"/> |
| 4 | <input type="text"/> | 9  | <input type="text"/> |
| 5 | <input type="text"/> | 10 | <input type="text"/> |

**APPROVAL MANDATE****DECLARATION**

By signing this form, I/We agree that this mandate applies to online payments only and may be different from the mandate for the Bank Branch. Any mandate change for the online payments must be issued to the branch by written instruction. I/We acknowledge that my/our use of the Internet Banking service(s) will be governed by the terms and conditions of the Master Services Agreement and other related documentation. I/We confirm that we have read, understood and agree to be bound by the Master Services Agreement including, without limitation, the various indemnities provided there under.

|             |                      |             |                      |
|-------------|----------------------|-------------|----------------------|
| SURNAME:    | <input type="text"/> | SURNAME:    | <input type="text"/> |
| FIRST NAME: | <input type="text"/> | FIRST NAME: | <input type="text"/> |
| DATE:       | <input type="text"/> | DATE:       | <input type="text"/> |
| SIGNATURE:  | <input type="text"/> | SIGNATURE:  | <input type="text"/> |

**FOR ECOBANK USE ONLY**

|                                       |                      |
|---------------------------------------|----------------------|
| VERIFIED BY (CRM / AN ECOBANK STAFF): | <input type="text"/> |
| SIGNATURE:                            | <input type="text"/> |
| DATE:                                 | <input type="text"/> |

PLEASE ENSURE FORM IS FILED IN CUSTOMER MANDATE FILE