



DAILY TRANSACTION LIMIT AND INDEMNITY FORM (INDIVIDUAL)

Name: _____
Surname First Name Last Name

E-mail: _____

Mobile Phone No: _____ NIP ☐ Mobile APP ☐ USSD ☐

Preferred Daily Instant Transfer
Limit =N=

**Not exceeding N25M for both NIP and Mobile APP while USSD is N1M*

" Transfer limit refers to the amount beyond which the Bank will not honor your transfer request.

I wish to apply for an increase on my daily transaction limits on the bank's electronic channel i.e., Mobile APP, NIP and USSD ("the Request"), Upon PREMIUMTRUST Bank's (the Bank) grant of my request, I have, read, understood, and hereby agree to issue this Indemnity to the Bank and. Furthermore, I hereby irrevocably and unconditionally undertake:

1. That I am fully aware of the risks to myself and the Bank in consenting to my request for the increase in my daily transaction limit on the Bank's Mobile APP/NIP/USSD and other electronic channels' to the sum stated above and hereby confirm that I have sought independent legal advice in respect of the risks of omissions, errors, mis-statements, non-receipts, fraud and/or other unauthorized interventions by third parties which are inherent in the use of the Mobile APP/NIP/USSD to effect instructions.
2. To hold and keep the Bank indemnified, harmless or blameless and free of any liability whatsoever in the event of any loss I may suffer or incur resulting from the Bank's grant of my request to increase the daily transaction limits on Mobile APP/NIP/USSD.
3. To pay the Bank on demand without delay, cavil, or argument all payments, charges, losses, and expenses (including but not limited to legal fees) suffered or incurred by the Bank in consequence thereof or arising therefrom which are not caused by the negligence or fraud of the Bank.
4. To keep confidential all Mobile APP/NIP/USSD or any of the Bank's electronic channels' security related information including username, passwords, transaction PIN, One Time Password, and authentication tokens. I understand that the Bank, its affiliates, and service providers will never request that I divulge any of this information by phone, mail, or any other means. I agree to immediately report any such requests to the Bank.
5. To keep all my personal data (including mobile number and email address) supplied to the Bank up to date on a timely basis continually for the period of use of Mobile APP/NIP/USSD or any of the Bank's electronic channels
6. That, PREMIUMTRUST Bank may, in its sole discretion, revoke or modify this limit increase authorization upon reasonable notification, and I will not hold the Bank liable for any actions I may take/have taken pursuant to this authorization.
7. This Indemnity shall be a continuing obligation in respect of any and all matters connected to or arising from the Bank's grant of the request therein. This indemnity shall be construed in accordance with the laws of the Federal Republic of Nigeria and shall remain valid from the date stated hereunder until released by the Bank.

NAME:	ACCOUNT NUMBER	SIGNATURE	DATE

FOR OFFICIAL USE ONLY

We confirm that the following are in place/order

- i. Account Mandate Confirmation

ii. Signature Verification

iii. Electronic Mail confirmation of customer's request by Account Officer & Branch Manager
- ☐

☐

☐

CSO's Name & Signature

BSM's Name & Signature