

ONLINE PAYMENTS ACTIVATION FORM

SME / NGO / EMBASSY / REGISTERED ASSOCIATION / CORPORATE

(PLEASE COMPLETE IN BLOCK CAPITALS AND TICK WHERE NECESSARY)

<input type="checkbox"/> NEW	<input type="checkbox"/> AMEND
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SECTION 1

1.1 COMPANY DETAILS

COMPANY NAME:																														
ACCOUNT N°(S): 1											6																			
2											7																			
3											8																			
4											9																			
5											10																			

SECTION 2 – USERS SETUP

2.1 INITIATOR PROFILE SETUP

USER'S DETAILS

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														
GIVE ACCESS TO:	<input type="checkbox"/> ALL ACCOUNTS LISTED ABOVE <input type="checkbox"/> SELECTED ACCOUNTS (PLEASE SPECIFY BELOW)																													
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10																													

USER'S DETAILS

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														
GIVE ACCESS TO:	<input type="checkbox"/> ALL ACCOUNTS LISTED ABOVE <input type="checkbox"/> SELECTED ACCOUNTS (PLEASE SPECIFY BELOW)																													
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10																													

USER'S DETAILS

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														
GIVE ACCESS TO:	<input type="checkbox"/> ALL ACCOUNTS LISTED ABOVE <input type="checkbox"/> SELECTED ACCOUNTS (PLEASE SPECIFY BELOW)																													
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10																													

USER'S DETAILS

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														
GIVE ACCESS TO:	<input type="checkbox"/> ALL ACCOUNTS LISTED ABOVE <input type="checkbox"/> SELECTED ACCOUNTS (PLEASE SPECIFY BELOW)																													
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10																													

2.2 AUTHORISER PROFILE SETUP

APPROVER'S DETAILS – APPROVER A

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														

APPROVER'S DETAILS – APPROVER B

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														

APPROVER'S DETAILS – APPROVER C

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														

APPROVER'S DETAILS – APPROVER D

USER'S NAME:																														
USER'S ID:											TELEPHONE N°:																			
E-MAIL ADDRESS:																														

SECTION 3 – APPROVAL MANDATE

COMBINATION (EXAMPLE: A+B, A+B+C)

	SIGNING LIMIT	
	SIGNING LIMIT	
	SIGNING LIMIT	
	SIGNING LIMIT	
	SIGNING LIMIT	

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.

AUTHORISED SIGNATORIES

SURNAME:		SURNAME:	
FIRST NAME:		FIRST NAME:	
DATE:	D D M M Y Y Y Y	DATE:	D D M M Y Y Y Y

AUTHORISED SIGNATURE:

AUTHORISED SIGNATURE:

	AFFIX SEAL (IF APPLICABLE)	
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FOR ECOBANK USE ONLY

VERIFIED BY (CRM / AN ECOBANK STAFF):																																
SIGNATURE:																															DATE:	D D M M Y Y Y Y

PLEASE ENSURE FORM IS FILED IN CUSTOMER MANDATE FILE