

CORPORATE - Single User Registration Form



Date:
Day Month Year

Company Name _____

Office Telephone: _____

Account Information

Account No.: _____

Relationship Mgr. Team e-mail address: _____

First Name	Last Name	E-mail	Mobile No.

Other Services

Cheque Confirmation ☐ NIBBS Instant payment to other Banks ☐
Standing Instruction ☐

Approval Information

Please note that all approvers are set up in accordance with the Bank's mandate. Non-signatories to the account(s) shall not be set-up as approver(s) until the board resolution authorizing such persons to act in that capacity is submitted to the bank.

Name: _____ Signature & Date _____

Name: _____ Signature & Date _____

For Official Use

Signature Verification: _____
Existing SV Stamp/Name

Treated by _____ Treated by _____
CES Officer (Name/Signature) IT Officer (Name/Signature)