

TRANSFER LIMIT INCREASE FORM INDIVIDUAL



INDIVIDUAL DETAILS (Please complete in block letters and tick where necessary)

Name

Account Number

Address

LIMIT DETAILS

Interbank Transfer Limit

Default Daily Transfer Limit

Requested Transfer Limit

AUTHORIZED SIGNATORY

Signature

Date:
Day Month Year

Signature

Date:
Day Month Year

INDEMNITY

I _____ of no _____ in

Consideration of SUMMIT BANK LTD, a Company incorporated in Nigeria and having its registered office at Plot 5 Amal Pepple Street, Jahi, Abuja a (hereinafter called "the Bank") acceding to my request to increase the specified daily transfer limit on my account there by irrevocably undertake and covenant that i will at all times and thereafter sufficiently indemnify Summit Bank against all actions, proceedings, claims, liabilities, damages, losses, consequences, costs and expenses of whatever nature which you may incur in respect of the same.

This indemnity shall be a continuing obligation and shall not be withdrawn by me until my obligation, indebtedness or liabilities to you have been fully settled.

Dated this _____ day of _____ 20____

FOR OFFICIAL USE

Signature Verification: _____
SV Stamp/ Name

Treated by: _____ Treated by: _____
CES Officer (Name/ Signature) Digital Banking Officer (Name/ Signature)