

INTERNET BANKING APPLICATION FORM - RETAIL

CUSTOMER DETAILS

CIF

..... Title (Mr/Mrs/Miss/Other) Last Name
..... First Name Mother's Maiden Name (if applicable)
..... Service Type <input type="checkbox"/> Transact <input type="checkbox"/> View only NIC/Passport Number Email Address
..... Phone Numbers Date of Birth
..... Fax/Email Indemnity Form <input type="checkbox"/> Yes <input type="checkbox"/> No Mailing Address
..... Security Questions: Security Code (Maximum 8 characters) Name of your Primary School

DAILY FUND TRANSFER LIMIT *(Third Party Transfer within ABC Banking and Outward Transfers)*

Please set my limit to MUR (please tick as appropriate)

MUR 5,000 MUR 10,000 MUR 25,000 MUR 50,000 MUR 100,000

N.B: For own account transfers within ABC Banking no limit shall apply.

PIN MAILERS

The customer hereby authorises ABC Banking Corporation Ltd (the Bank) to send the PIN Mailers by email at the customer's own risk and peril and the Bank will not be held responsible for any prejudice and/or loss suffered by the customer. The customer undertakes to keep the Bank indemnified at all times against all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against the Bank or suffered or incurred by the Bank and which shall have arisen either directly or indirectly out of or in connection with the Bank accepting to send the PIN Mailer by email.

USER AGREEMENT

I confirm that the above information is true and correct and I agree to be responsible for all transactions through the Bank's Internet Banking service. I confirm having read all terms and conditions relating to ABC e-Banking to which I fully agree and accept.

Signature	Date
.....

Office Use Only

We confirm that customer is KYC compliant

Input by	Signature	Date
.....
Verified by	Signature	Date
.....
Processed by	Signature	Date
.....
Approved by	Signature	Date
.....

Service Unit Seal