



# Internet banking application form

The Manager,  
Equity Bank Limited,

\_\_\_\_\_ Branch

Date: \_\_\_\_\_

## PERSONAL ACCOUNT HOLDER

### Section A - Details of client

Please give details of client below

Mrs.  Ms  Miss  Mr.  Other \_\_\_\_\_

\* Surname

\* Given name(s)

\* Date of Birth

Occupation

\* Country

Gender

Passport/ID No.

\* Address

City

\* Mobile No.

\* Email Address

\* Zip code

\* Secret Question:

\* Answer:

\* Secret Question:

\* Answer:

### Section B

Please provide details of accounts to be linked to Equity E-banking

\* Account type

Account Number

Account Name

**Section C  
Declaration**

**I/We have read and agree to be bound by the terms and conditions governing Equity E-Banking facility. Further, (Tick whichever is applicable)**

- I/We hereby irrevocably authorize the above-mentioned User, the holder/being one of the joint holders, to access and operate the accounts cited above through Equity E-Banking facility. I/We further agree that all the transactions executed by the said User through the Equity E-Banking facility will be binding on me/us.
- I/We authorize you to debit our Account No. .... at..... branch towards any charges for providing service under Equity E-Banking facility.
- The Password Mailer for Equity E-Banking facility will be collected by me/us in person from the ..Branch.
- The password mailer for Equity E-banking facility may please be mailed to my/our address provided above at my/our risk and responsibility. (Applicable only in the case of International clients).

**Name**

**Signature**

***[Name/s & Signature of all the account holders]***

**FOR BANK USE ONLY**

Form completed correctly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>		
Signature(s) verified for all listed accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signature of authorized officer

Staff number

Branch number