

Online Banking Application Form - Corporate

1. Application Type (Tick where applicable) New Applicant ☐ Existing ☐ Delete ☐

2. Customer Information

Account Name	<input type="text"/>		
Postal Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
NAPSA number	<input type="text"/>	TPIN	<input type="text"/>
eNHIMA number	<input type="text"/>		

2. Modify Details for Existing Customers

Add Account ☐ Delete User ☐ Reset Password ☐ Change User Role ☐ Update Mobile ☐ Update Email ☐

3. List/attach existing Zanaco Account(s) on which you wish Internet services to be provided (A separate sheet may be used)

Account Number	Account Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. List users and the roles to access Internet Banking to be provided (A separate sheet may be used)

Full Name <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Role (Tick user roles)				Transaction Limit
	Initiator	Authorizer	Administrator	Inquiry only	
Date of Birth <input type="text"/>	Phone number <input type="text"/>				
NRC number <input type="text"/>	Email address <input type="text"/>				
Full Name <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Role (Tick user roles)				Transaction Limit
	Initiator	Authorizer	Administrator	Inquiry only	
Date of Birth <input type="text"/>	Phone number <input type="text"/>				
NRC number <input type="text"/>	Email address <input type="text"/>				
Full Name <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Role (Tick user roles)				Transaction Limit
	Initiator	Authorizer	Administrator	Inquiry only	
Date of Birth <input type="text"/>	Phone number <input type="text"/>				
NRC number <input type="text"/>	Email address <input type="text"/>				
Full Name <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Role (Tick user roles)				Transaction Limit
	Initiator	Authorizer	Administrator	Inquiry only	
Date of Birth <input type="text"/>	Phone number <input type="text"/>				
NRC number <input type="text"/>	Email address <input type="text"/>				

5. Added Features (Tick as applicable) e N H I M A ☐ ZRA Tax ☐ e-NAPSA ☐ Bulk Payments ☐

6. Authorisation Matrix

Name of Authoriser Panel A	Name of Authoriser Panel B	Account Operating Instructions

7. Declaration

I/We confirm that the information provided is complete and factually correct.

Authorized Signature	Date
Authorized Signature	Date

8. For Bank Use Only

BRANCH

Customer ID Branch Name

Approved ☐ Not Approved ☐

Name and Designation	Signature	Date

HEAD OFFICE

Received By	Name and Designation	Date
Senior Specialist Transaction Banking		Date