

# 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"/>	
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) <table><tr><td>Initiator</td><td>Authorizer</td><td>Administrator</td><td>Inquiry only</td></tr></table>	Initiator	Authorizer	Administrator	Inquiry only	Transaction Limit <input type="text"/>
Initiator	Authorizer	Administrator	Inquiry only			
Date of Birth <input type="text"/> DD / MM / YY	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) <table><tr><td>Initiator</td><td>Authorizer</td><td>Administrator</td><td>Inquiry only</td></tr></table>	Initiator	Authorizer	Administrator	Inquiry only	Transaction Limit <input type="text"/>
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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

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#### 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

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#### 8. For Bank Use Only

BRANCH	<hr/>		
Customer ID	<input type="text"/>		Branch Name <input type="text"/>
Approved	<input type="checkbox"/>	Not Approved <input type="checkbox"/>	
Name and Designation	<input type="text"/>		Signature <input type="text"/>
			Date <input type="text"/>

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#### HEAD OFFICE

Received By	Name and Designation	Date
Senior Specialist Transaction Banking		Date <input type="text"/>

