



Internet banking application form

The Manager,
Equity Bank Limited,

_____ Branch

Date: _____

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 phone No.

*Zip code

*Secret Question:

*Answer:

*Secret Question:

*Answer:

Section B

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

*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 theBranch.
- 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]

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Form completed correctly Yes No

Signature(s) verified for all listed accounts Yes No

Signature of authorized officer

Staff number

Branch number