

African Banking Corporation Limited

Second Level Authentication Form for Individuals (Existing Internet Banking Users)

PLEASE FILL IN ALL DETAILS IN BLOCK (CAPITAL) LETTERS				
ACCOUNT DETAILS				
Branch:		Date:	(DD)	(YY)
Account Name:				
SECOND LEVEL AUTHENTICATION				
Choose the preferred mode of second level authentication for transactions Token SMS				
Mobile Number				
Email Address				
PICK UP OPTION				
Branch			Diaspora De	Sk Courier delivery
DECLARATION BY THE APPLICANT				
I hereby apply for Internet Banking facility from African Banking Corporation Limited. I warrant that the information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the Terms and Conditions. I accept and agree that I am liable for all direct and indirect, special, incidental or consequential damages, losses, costs or expenses arising as a result of my use of this falicility. I hereby Indemnify the Bank against all losses that may incur as a result of my use of this facility. I understand that the Bank reserves the right to decline this application without giving reasons.				
Signature			Date	
Signature			Date	
Signature			Date	
FOR BANK USE				
Mobile No correctly captured Email Address correctly captured				
Pre-printed Username & Serial No.				
Token Serial No.		N	Mobile No.	
Input by:			Approved by:	
Name:			Name:	
Sign:			Sign:	
Date of Activation Date:(DD)(MM)(YY)				