

Corporate Electronic Banking Services

Token Acknowledgement Form

Please fill in the details in CAPITAL LETTERS. Countersign all modifications/alterations if any. Should be completed individually by all the Users.

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Section 1: COMPANY DETAILS		
CIF Number:	Corporate Login II	D:
Section 2: USER DETAILS		
New User (First time User) Existing User (Re-iss	ue of Token)	(Bank use only.) Assigned Token Serial Number
User ID		
First Name: Last Name :		
ID Number *: ID Expiry Date: DD/MM/YYYY		
I confirm that I have read, understood and accepted the General and undertake to abide by the same. I understand that the Bank m notice by the Bank to amend the Terms shall become binding on r. I further confirm having received the above assigned Token in my and the amendments thereto. Signature of the User Name: Designation:	ay, with prior notice, mane and shall form integra	ake changes to the Terms from time to time. I agree that any al part hereof.
* Please attach a copy		
BANK USE ONLY - WBG		
Confirm issued the token.		
Name of the Staff:	Signature:	
BANK USE ONLY - COPS		
Token Assigned By:	Checked by:	
Name:	Name:	
Signature:	Signature:	
Important Information: If the Security Token is being collected by a 3 rd party, an Authorization Letter signed by the Company Authorized Signatories should to be submitted together with a copy of the EID/Passport of the collector.		