

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.

Section 1: COMPANY DETAILS	
CIF Number:	Corporate Login ID:
Company Name:	
Section 2: USER DETAILS	
New User (First time User) Existing User (Re-iss	ue of Token)
User ID	(Bank use only.) Assigned Token Serial Number
First Name:	Last Name :
ID Number *: ID Expiry Date: DD/MM/YYYY	
and undertake to abide by the same. I understand that the Bank manotice by the Bank to amend the Terms shall become binding on n	Terms and Conditions for Corporate Electronic Banking Services ("Terms") ay, with prior notice, make changes to the Terms from time to time. I agree that any
* 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.	