

Application form for Update of Authorized Signatories and non-execution access

		FOR OFFICE USER	
		Branch Name	
		Branch Sol ID	
Legal Name of Account Holder			
Client Identification File (CIF) number of Account Holder			
Account Holder Corporate ID to access CIB			
Request Type	<input type="checkbox"/> Addition of Authorized Signatory <input type="checkbox"/> Deletion of Authorized Signatory <input type="checkbox"/> Addition of View only access <input type="checkbox"/> Deletion of View only access <input type="checkbox"/> Addition of Data Entry only access <input type="checkbox"/> Deletion of Data Entry only access		
Name of person being added or deleted	First Name	Last Name	
If deletion, Existing User ID			
If addition of Authorized Signatory, mode of operation	<input type="checkbox"/> Sole Authority <input type="checkbox"/> Joint Authority with another Authorized Signatory <input type="checkbox"/> Joint Authority with multiple Authorized Signatories		

- 1) All access to the account is subject to the Account Terms & Conditions for Online access, completed by the Account holder
 - I. Authorized Signatory- has the authority to
 - i. View accounts on Corporate Internet Banking platform
 - ii. Enter and update information on Corporate Internet Banking platform,
 - iii. Execute Transactions and make changes to profile, based on Corporate Internet Banking access rights
 - II. View Only User- Has the authority to view account information on Corporate Internet Banking platform
 - III. Data Entry User- Has the authority to
 - i. View account information on Corporate Internet Banking platform
 - ii. Enter and update information on Corporate Internet Banking platform, provided that any data entered or updated must be finally executed by the required number of Authorized Signatories.

ACKNOWLEDGMENT

I acknowledge that the information provided above is correct and authorized by the Authorized Signatory of the account.

Name _____ **X** _____

Authorized Signatory

Signature

Date _____

Authorized User ID _____

FOR OFFICE USE	
Maker	1. Is the request is by CIB user who is not an authorized individual to transact : YES NO 2. All required documentation received : YES NO 3. Request processed : YES, NO(reason) _____ Name _____ Emp _____ ID _____ Signature _____ Date _____
Verifier	Name _____ Emp _____ ID _____ Signature _____ Date _____