



Internet banking application form

The Manager,
Equity Bank Rwanda Limited,

_____ Branch

Date: _____

PERSONAL 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 No.

* Email Address

* Zip code

* Secret Question:

* Answer:

* Secret Question:

* Answer:

Section B

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

* Account type

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 the ..Branch.
- 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]

FOR BANK USE ONLY

Form completed correctly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>		
Signature(s) verified for all listed accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>		

Signature of authorized officer

Staff number

Branch number