WHOLESALE INTERNET BANKING SERVICE

MyBanknet

CLIENT ACTIVATION FORM

☐ NEW ☐ MODIFY ☐ DELETE

SECTION 1: COMPANY PROFILE (please print in BLOCK letters)

COMPANY NAME_____

COMPANY ADDRESS_____

RC NUMBER_____TELEPHONE NUMBER_____

SECTION 2: PRODUCT & SERVICES (please tick ☒ as required)

CASH MANAGEMENT & TRADE FINANCE

Collections and Liquidity Management		**Payments – Transaction Initiation**	
Direct Debit	☐	**Cheques & Drafts**	
Single Bank Sweep	☐	Domestic Bank Draft	☐
Multi Bank Sweep	☐	Corporate Cheque	☐
Zero Balancing	☐	International Bank Draft	☐
Target Balancing	☐	**Intra-Bank Transfer**	
		FCMB Account-to-Account	☐
Financial Reporting		Over-the-Counter Cash Transfer	☐
Account Balance Report	☐	**Inter-Bank Transfer**	
Cashflow Report	☐	CBN Real Time Gross Settlement (RTGS/CIFT)	☐
Consolidated Balance Report	☐	NIBSS Electronic Funds Transfer (NEFT)	☐
Deposit Account Balance Report	☐	Interswitch	☐
Deposit Account Details Report	☐	**International Transfer**	
Intra Day Account Statement	☐	Cross Border Funds Transfer	☐
Loan Account Balance History Report	☐	Request for Transfers – MT 101(LCY)	☐
Loan Account Details Report	☐	Request for Transfers – MT 101(FCY)	☐
Operating Account Statement	☐	**Payroll**	☐
Operating Account Transaction Inquiry	☐	File Import ☐	File Upload ☐
Frequency of Reports		**Alerts**	
End of Day ☐	Intraday ☐	SMS ☐	Email ☐

Delivery Method for Drafts / Cheques:

By Courier ☐ Registered Mail ☐ Hold for Over The Counter Collection ☐

Trade Finance Transaction Initiation

Form M Processing ☐	Form A Processing ☐	Export Transaction ☐
Letter of Credit ☐	Bills for Collection ☐	Bonds & Guarantee ☐
Cert of Capital Importation Processing ☐	Trade Financial Report	☐

ACCESS PERIOD REQUIRED: Monday to Friday ☐ Monday to Sunday ☐

PREFERRED PRINT BRANCH (ES) _____

MAXIMUM TRANSACTION AMOUNT LIMIT: NONE ☐ AMOUNT_____ ☐

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SECTION 3: BILLING INFORMATION (*Please indicate account number(s) & currency as appropriate)*

Service Item (s)	Set-up Fee	Monthly Access Charge	Transaction Charges
Amount (=N)	=N= 20,000	=N= 10,000	Based on payment gateway
Billing A/C			

SECTION 4: ACCOUNT NUMBERS

S/N	ACCOUNT NUMBER	BANK/ BRANCH	STATE/ COUNTRY	CURRENCY	ACCT TYPE	DAILY AMT LIMIT
1						
2						
3						
4						
5						
6						
7						

*Please state the default Collections Pool Account_____

SECTION 5: AUTHORISED USERS - TRANSACTION INITIATION & REPORT

SN	Full Name (BLOCK LETTERS)	USER ID (Bank Use Only)	Email Address (*Please use one box per character*)	Initiate	Authorizer 1	authorizer 2	Transaction Notification	Reports	Release	Stop Payment	Authorized Accounts to	Transaction Upload
1												
2												
3												
4												
5												
6												

SECTION 5B - TRADE USERS

1												
2												
3												
4												

**N.B Users with Transaction upload RIGHTS can send files straight to the bank WITHOUT AUTHORIZATION

Kindly state any unique account mandate or signing instruction & amount limits for Authorizers

Note: In the Trade platform, an Initiator cannot be an Authoriser

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SECTION 6: CUSTOMER ADMINISTRATION (for User ID & Password Reset with your Organisation)

SN	Administrator User Name	Role	Email Address	Mobile #	Signature	User ID (Bank Use Only)
1		Maker				
2		Checker				
3		Back-up				
4		Back –up				

Please indicate the number of pages of addendums completed (if any) _____

Virtual Card Number_____**Expiry Date**_____

I/WE acknowledge that my/our use of the service(s) required will be governed by the relevant terms and conditions applicable to such service(s) as indicated in this form. I/WE hereby certify that the information provided above is true and accurate at all times and, that we will notify you of the inaccuracy of such information and forthwith provide to you the up-to-date information. I/WE acknowledge that my/our use of the MyBank@net service(s) will be governed by the terms and conditions of the Master Client Access Agreement and other related documentation. I/WE confirm that we have read, understood and agree to be bound by the Master Client Access Agreement including, without limitation, the various indemnities provided thereunder. I/WE hereby acknowledge that you reserve the sole right to vary or modify the terms, conditions and content of this form at anytime with or without notice to us/me and we agree to be bound by such amendments(s) and / or modification(s) to this form.

_____ _____

Authorised Signature, Company Stamp and Date | Authorised Signature, Company Stamp and Date

_____ _____

Name and Title | Name and Title

SECTION 7: CONTACT REPRESENTATIVE DETAILS

Cash Management - Contact Person

_____

First Name Last Name

Title_____LandLine Number_____

E-mail Address_____ Mobile Number_____

Trade - Contact Person_____

First Name Last Name

Title_____ Landline Number_____

E-mail Address_____ Mobile Number_____

FCMB

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SECTION 8: AUTHORIZERED SIGNATURE SPECIMENS FOR CORPORATE CHEQUES
(Please print in black ink)

S/N	NAME	SIGNATURE	S/N	NAME	SIGNATURE
1			4		
2			5		
3			6		

SECTION 8: FOR BANK USE ONLY

SIGNATURE VERIFIED BY:

***CSO NAME**_____**STAFF ID**_____ **DATE**_____

***ACCOUNT OFFICER CODE**_____

INFORMTION VERIFIED:

BDM / RM SIGNATURE / DATE _____ PRODUCT & CHANNELS SIGN-OFF _____

DATE RECEIVED _____ DATE SENT TO AMU _____

BUSINESS DEV.MANAGER _____ CONTACT NUMBER _____

RELATIONSHIP MANAGER _____ CONTACT NUMBER_____

CLIENT ACCESS MANAGER _____ CONTACT NUMBER _____

CLIENT TYPE _____ CLIENT SEGMENT _____

MyBank@Net GROUP ID _____ TRADE SET-UP ID _____

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REMARKS: _____ _____

OBSERVED CLIENT SPECIFICATIONS

- INTERNET LINK (Upload/Download) ☐ ☐
- INTERNET BROWSER ☐
- INTERNET SERVICE PROVIDER ☐
- MAIN MEMORY OF KEY SYSTEM ☐
- PROCESSOR SPEED OF KEY SYSTEM ☐

SET- UP COMPLETED YES ☐ NO ☐ DATE ☐

CLIENT TRAINING COMPLETED YES ☐ NO ☐ DATE ☐