



Section 1 - Request Type (Please Tick)

New Amend Delete

Bank Use Only:

Agent ID

Section 2 - Authorised Agent Details

The following Agent is to have access to Internet Banking on behalf of the Customer. For each registered Primary user a Security Device will be issued.

Agent First Name*: Agent Last Name*:

Official Position: _____

ID/Passport No*: _____ Date of Birth*: _____

Address: _____

City*: _____ State: _____ Country*: _____

Tel No*: _____ Fax No: _____ E-mail Address: _____

Security Info*: _____

(E.g. Mother's Maiden Name)

Section 3 - Details of Account to link to the Agent (Agent will only have access to the accounts listed below)

| Select | | Linking CIF | Account Number | Account type | Relation | | Bank Use Only |
|--------|--------|-------------|----------------|--------------|------------|----------------------|---------------|
| Add | Delete | | | | Sole Owner | Authorized Signatory | Customer ID |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Sole Owner (Having Full Access without Authorization required).

Authorized Signatory (Not having Full Access and required Authorization. Can be an Initiator or Authorizer or both depending upon the request and how the rules are define for the particular account of the user). The rules will be defined upon the request indicated by the Company (ies) Account Signatories.

Section 4 - Agent Profile and Services Required

Please tick the appropriate selection

| Group ID | Group Description | Select |
|----------|---|--------|
| 0 | Customer can only Initiate Transactions | |
| 1 | Agent can initiate and authorize transactions | |
| 2 | Agent can initiate and authorize transactions | |
| 3 | Agent can initiate and authorize transactions | |
| 4 | Agent can initiate and authorize transactions | |

Please tick the appropriate selection

| Available services | Select | Limit (in VUV) |
|--|--------|----------------|
| Customer Services | | |
| Account View | | |
| Cheques and Cheque Book | | |
| Standing Instructions | | |
| Internal Bred Transfer | | |
| Local Bank & International Fund Transfer | | |
| Letter of Credit | | |
| Transactions Authorization | | |
| Own Account Transfer | | |
| Own Account Standing Instruction | | |

Section 5 - Authorized Signatures

By signing this application form, each of the undersigned certifies:

- (a) they are a duly authorized signatory on behalf of the Customer;
- (b) the Customer has taken all necessary and proper actions to authorize the appointment of the Customer Delegate(s);
- (c) all statements and representations made in this application are true and accurate;
- (d) on behalf of the Customer, they have read, understood and agreed to be bound by the Internet Banking Terms and Conditions.

| Authorized Agent | |
|------------------|--|
| Date: | |
| Signature: | |

| Customer Authorized Signatories | | |
|---------------------------------|-------|------------|
| Date: | Name: | Signature: |
| | | |
| | | |
| | | |
| | | |

Section 6 - For Bank Use Only

| | Name: | Date: | Signature: |
|------------------------------|-------|-------|------------|
| Received and Verified By: | | | |
| CIN Allocated By; | | | |
| Registration/Maintenance By: | | | |