



# Electronic Banking Services

## Individual Registration Form

Application for: (Tick appropriately)

Internet Banking

E-statements

Customer Type: (Please click where applicable) Individual

Joint

Gender M/F

First Name

Last Name

Date of Birth (YYYY/MM/DD)

National ID

Physical Address

Mobile Number

Email Address

### ACCOUNTS TO BE REGISTERED

ACCOUNT NUMBER	ACCOUNT NAME	Currency(ZWL/USD)

### E-STATEMENT FREQUENCY

Daily

Weekly

Monthly

Quarterly

Half-Yearly

Yearly

### DECLARATION BY APPLICANT(S)

I/ We certify that all information given on this application form and in support thereof is true and correct, and I / We understand that should the information prove to be incorrect, Agribank reserves the right to decline the application or discontinue the service and the relationship. I/We undertake to provide all the documents requested by Abribank and to update all records in the event of changes to any of my/our personal details.

Customer's Signature

Date(YYYY/MM/DD)

**For Office Use Only**

**Identification Checked by**      
Name Branch Signature Date

**Internet Banking Admin**      
**System Inputter** Name Branch Signature Date

**Internet Banking Admin**      
**System Inputter** Name Branch Signature Date