



Prime Bank

P U T T I N G Y O U F I R S T



PrimeNet
Banking

APPLICATION FORM

APPLICATION FOR ON-LINE BANKING SERVICES

Date: _____

I/We hereby apply for the on-line banking services offered by Prime Bank Ltd through INTERNET.

I/We maintain,

FAIDA ☐ CURRENT ☐ OVERDRAFT ☐ LOAN ☐ TERM DEPOSIT ☐ (Tick Appropriately)

accounts with Prime Bank and require a facility to view the accounts on-line and also effect funds transfer from these accounts. Details of the account/s are furnished herein below.

(A) ACCOUNT DETAILS:

Customer Name: _____

Constitution:

INDIVIDUAL ☐ JOINT ACCOUNT ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ LIMITED COMPANY ☐

OTHER(Specify) _____

	Full Name(s)	Remarks Please Indicate against each name the Ownership/Authority as Individual/Sole-Proprietor/Partner/Director/Other
1.		
2.		
3.		
4.		
5.		

(B) ACCOUNTS WE WISH TO ACCESS ON-LINE FOR VIEWING DETAILS/INPUTTING TRANSACTIONS :

PRIMARY CIF

Branch	Account Type	Currency	Account No.	Account Name

(C) SERVICES REQUIRED FROM ON-LINE BANKING FACILITY IN RESPECT OF ACCOUNTS LISTED UNDER (B) ABOVE:

(Tick the box against the item selected)

- | | |
|--|---|
| <input type="checkbox"/> (a) View Transaction Details | <input type="checkbox"/> (b) View/Print Account Statement, Loan Account |
| <input type="checkbox"/> (c) View Term - Deposit Contract Details | <input type="checkbox"/> (d) Funds Transfer/Bill Payment within Bank |
| <input type="checkbox"/> (e) Funds Transfer/Bill Payment to account with other banks | <input type="checkbox"/> (f) KRA iTax Payment |
| <input type="checkbox"/> (g) Bulk Upload | <input type="checkbox"/> (h) Order New Cheque Book |
| <input type="checkbox"/> (i) Issue stop payment of cheque(s) | <input type="checkbox"/> (j) Source e-mail |
| <input type="checkbox"/> (k) Request for Banker's Cheque | <input type="checkbox"/> (l) Image of Paid Clearing Cheques |

(D) FUNDS TRANSFER LIMITS:

Cumulative Maximum Amount which will be transfered by us on a business day through on-line banking (Daily Limit)

Currency

Amount

Recommended users for on-line banking and transaction limits:								
No.	Name	PP/ID No.	Accounts for which internet banking is required	Services Required	Currency	Funds Transfer Limits		
						Max. Amt. per transaction	Max. No. of transactions per day	Max. Amt. per day
1.								
2.								
3.								
4.								
5.								

(E) CONTACT DETAILS:
(Persons who may be contacted by bank for confirmation of Transaction/account details)

(1)

(2)

Name	Name	Name
Physical Location Address 1		
Physical Location Address 2		
Physical Location Address 3		
ID/Passport No.		
Telephone/Mobile No.		
Email Address		

DECLARATION:

I/We have read and understood the Terms and Conditions for using Online Banking Services. I accept and agree to be bound by the terms and conditions of use (as amended from time to time). **I confirm that I have read, understood and considered all the Terms and Conditions available at www.primebank.co.ke/tcs/ and found them to be fair and reasonable.** I/We also understand that any instruction sent through the Online Banking channel will be deemed to be made by the authorized signatories as per the Account Opening mandate.

Tick below to confirm acceptance				
Terms & Conditions	Name	Position	Signature	Date
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

FOR BANK USE ONLY

Branch Name: _____

Please tick below checklist for information provided by the Customer:

- ☐ Account details
- ☐ CIF ID
- ☐ PrimeNet Service Selection
- ☐ User List as per board resolution/certificate of registration
- ☐ Transaction Limits definition(Fund Transfer Limits if client opts for Transaction facility)
- ☐ Original Board resolution duly signed by the Directors(For limited companies), Copy of Business registration cert(Sole Proprietor)
(This is to be attached onto the form)
- ☐ Contact details
- ☐ Customer Signature
- ☐ Branch Signatures

We have verified the details furnished in the application and confirm that the Signatures are as per the mandate and recommend to provide On-line Banking Channel to the Customer

Assistant Manager	
Name	
Signature	
Date	

Branch Head	
Name	
Signature	
Date	

FOR E-BANKING TEAM USE ONLY

APPLICATION RECEIVED ON: _____

TOKEN/PIN MAILER GENERATED ON: _____ TOKEN/PIN MAILER SERIAL NUMBER: _____

Created By	
Signature	
Date	

Authorized By	
Signature	
Date	

TOKEN/PIN MAILER DELIVERED TO CUSTOMER ON: _____

Created By	
Signature	
Date	

Authorized By	
Signature	
Date	

Signature of E-Banking Manager	
Date	