

APPLICATION FORM FOR INTERNET BANKING FACILITY

(For Retail customers only)

Please print in block letters

The Regional Commercial Manager
First Capital Bank

Date:

D	D	M	M	Y	Y	Y	Y
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Branch:

Dear Sir/Madam,

Re: Internet banking facility

I/We request you to provide us with Internet banking facility. Details are provided as under:

Salutation:

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other:	
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(please specify)

Name*:

Login ID:
Please select an ID of your choice

Date of Birth*:

D	D	M	M	Y	Y	Y	Y
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Account Number*:

Account Name*:

E-mail Address*:

Telephone Number: Cell No.

I/We require the following facility – (Please tick)

1. Account Details View: Yes No

2. Transaction Rights: Funds Transfer Within First Capital Bank Yes No

Funds Transfer Outside First Capital Bank Yes No

Funds Transfer to Own Accounts Yes No

If more than one account is held and viewed please indicate below:

Account Name	Account Number

