



CONFIDENTIAL

ONLINE BANKING ENROLLMENT FORM - CORPORATE CUSTOMERS

Date

D	D	M	M	Y	Y	Y	Y

COMPANY DETAILS

Company Name	<input type="text"/>																												
	<input type="text"/>																												
Corporate Address	<input type="text"/>																												
	<input type="text"/>																												
City	<input type="text"/>												Region	<input type="text"/>															
Registration No.	<input type="text"/>																												
Account Number	<input type="text"/>																Main Account No. With FBNBank												
Telephone No.	<input type="text"/>																												

PREFERRED CORPORATE ID

(Alphanumeric applicable)

Please specify the Name or ID you would like to use to Login to Online Banking in order of preference	1.	<input type="text"/>																											
	2.	<input type="text"/>																											
	3.	<input type="text"/>																											

USER DETAILS

User 1

Full Name	<input type="text"/>																												
Preferred User ID	1.	<input type="text"/>																											
	2.	<input type="text"/>																											
Designation	<input type="text"/>																												
Email Address	<input type="text"/>																												
Mobile Phone No.	<input type="text"/>																												
Mode of Identification	<input type="checkbox"/> Intl Passport	<input type="checkbox"/> National ID	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Voters card	<input type="checkbox"/> NHIS card																								
Please indicate a branch to pick up your token?	<input type="text"/>																												

User 2

Full Name	<input type="text"/>																												
Preferred User ID	1.	<input type="text"/>																											
	2.	<input type="text"/>																											
Designation	<input type="text"/>																												
Email Address	<input type="text"/>																												
Mobile Phone No.	<input type="text"/>																												
Mode of Identification	<input type="checkbox"/> Intl Passport	<input type="checkbox"/> National ID	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Voters card	<input type="checkbox"/> NHIS card																								
Please indicate a branch to pick up your token?	<input type="text"/>																												

User 3

Full Name	<input type="text"/>																				
Preferred User ID	1.	<input type="text"/>																			
	2.	<input type="text"/>																			
Designation	<input type="text"/>																				
Email Address	<input type="text"/>																				
Mobile Phone No.	<input type="text"/>																				
Mode of Identification	<input type="checkbox"/> Intl Passport	<input type="checkbox"/> National ID	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Voters card	<input type="checkbox"/> NHIS card																
Please indicate a branch to pick up your token?	<input type="text"/>																				

User 4

Full Name	<input type="text"/>																				
Preferred User ID	1.	<input type="text"/>																			
	2.	<input type="text"/>																			
Designation	<input type="text"/>																				
Email Address	<input type="text"/>																				
Mobile Phone No.	<input type="text"/>																				
Mode of Identification	<input type="checkbox"/> Intl Passport	<input type="checkbox"/> National ID	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Voters card	<input type="checkbox"/> NHIS card																
Please indicate a branch to pick up your token?	<input type="text"/>																				

AUTHORISATION

For Funds Transfers Only
Please fill the following mandate for your intended users

User	First Preferred User ID	Designation	Transaction Posting Right		Transaction Limit (GH¢)	Approval Limit (GH¢)
1			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Authorised Signatories

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOR OFFICIAL USE ONLY

Customer ID	<input type="text"/>	Processing Branch	<input type="text"/>
Verified By	<input type="text"/>	Staff No	<input type="text"/>
Signature	<input type="text"/>		
Authorised By	<input type="text"/>	Staff No	<input type="text"/>
Signature	<input type="text"/>		