



Centenary Bank

To: The Manager
Centenary Development Bank Ltd
Branch:.....
Date :.....

APPLICATION FORM FOR PC BANKING SERVICES

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Applicant's Full Names: \_\_\_\_\_

Physical Address : \_\_\_\_\_

Email Address : \_\_\_\_\_

P. O. Box

Town/City

Grid for P.O. Box number

Grid for Town/City name

Mobile Telephone No:

Other Telephone Number:

Grid for Mobile Telephone Number

Grid for Other Telephone Number

Account Numbers to attach service:

1. ...., .....(Title) .....
Authorized Account Signatory

2. ...., .....(Title) .....
Authorized Account Signatory

3. ...., .....(Title) .....
Authorized Account Signatory

SERVICES AVAILABLE:

- 1. Account Details
2. Viewing and printing of account statements

DECLARATION BY APPLICANT:

I hereby apply for PC Banking Service from the Centenary Development Bank Ltd and agree to be bound by the terms and conditions of this service as stated in the related agreement. I/we also agree to be bound by the Bank's general Terms & Conditions governing the respective accounts as per the account mandate held with the bank.

FOR BANK PURPOSE:

(Signature of verifying officer)

(Branch Manager or Accountant's Signature & Stamp)

INSTALLATION DETAILS:

Indicate whether applicant is New User or Existing User for Modification \_\_\_\_\_

Date Installed; \_\_\_\_\_ Comments \_\_\_\_\_

Installation Officer's Names & Signature: \_\_\_\_\_