Amãna Bank It's Your Bank

INTERNET BANKING MAINTENANCE FORM

Date D D M M Y Y Y Y **Ref No.**

The Manager,
Amãna Bank PLC,

_____**Branch**

I/We hereby request you to re-set my/our access information, the relevant details given below,

INFORMATION OF ACCOUNT HOLDER/S			
Customer Identification File (CIF) No:		**CIF Branch :**	
Full Name of Applicant :	**1)** Mr / Mrs / Miss / Dr / ____	NIC No.	
Full Name of Joint Account Holder/s : (Applicable only for Joint Accounts)	**2)** Mr / Mrs / Miss / Dr / ____	NIC No.	
	3) Mr / Mrs / Miss / Dr / ____	NIC No.	
Contact Details of Applicant:	Residence Tel. No.		
	Mobile	Office Tel. No.	
E-mail (Block Letters) **:** Mandatory*			

(Please mark (✓) for your request in appropriate box)

☐ Please upgrade my Daily Transaction Limit to Rs. 1,000, 000/-

☐ Please upgrade my Daily Transaction Limit to Rs. 5,000, 000/-

☐ **De-activate** my/our Internet Banking Facility

Further, I/We hereby take full responsibility on the request and confirm that the information given above is true and accurate.
Note: All parties to sign in the case of Joint Accounts, giving consent to the applicant to use the Internet Banking Facility.

Signature of Account Holder/s :	**1)**	**2)**	**3)**

FOR BRANCH USE ONLY	**EMP No.**	**Initials**	**Date**
Application checked by :	_____	_____	_____
Signature Verified / **Identity Verified**	_____ **Branch Rubber Stamp & Authorised Officer's Signature**		

FOR CPU USE ONLY	**EMP No.**	**Initials**	**Date**
Transaction Limit Changed by :	_____	_____	_____
Transaction Limit Authorised by :	_____	_____	_____
User De-activated by :	_____	_____	_____