

# SERVICES REQUEST FORM (SRF)



## CUSTOMER INFORMATION

Account Number		Request Date	DD / MM / YYYY
Account Names		Branch of application	
E-mail Address		Mobile Phone No.	

## 1. INSTRUMENT REQUEST

In-house voucher book   
  Withdraw Book   
  Savings Coin Bank   
  Deposit Book

## 2. DIGITAL BANKING

Post Card	<input type="checkbox"/> New/Replacement Card	<input type="checkbox"/> PIN Reset	<input type="checkbox"/> Block Card	<input type="checkbox"/> Unblock Card
	<input type="checkbox"/> First Issue (Not received)	<input type="checkbox"/> Damaged/Expired	<input type="checkbox"/> Lost/Forgotten	<input type="checkbox"/> Card Found
Post Mobile	<input type="checkbox"/> New User/Reactivation	<input type="checkbox"/> PIN Reset	<input type="checkbox"/> Device Change Alert	<input type="checkbox"/> Disable
Post Online	<input type="checkbox"/> New User/Reactivation	<input type="checkbox"/> PIN Reset	<input type="checkbox"/> Disable	
	User Profile/Role	<input type="checkbox"/> Filer	<input type="checkbox"/> Verifier	<input type="checkbox"/> Authorizer
Post E-Statements	Please specify frequency		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Linking of accounts	Please link the following other account(s) <input type="checkbox"/> to my Post Card <input type="checkbox"/> for Post Mobile/Online			
	1.			2.

I guarantee the accuracy of the contacts (mobile/email) provided above and consent to the use of my Mobile Phone No. and Email above for the bank's digital channels. I accordingly agree to hold the bank harmless from any loss/claims that may arise should the bank rely on them.

## 3. ADDITIONAL ACCOUNT(S)

Currency type	<input type="checkbox"/> UGX	<input type="checkbox"/> KES	<input type="checkbox"/> TZS	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR
Accounts	<input type="checkbox"/> Diaspora Account	<input type="checkbox"/> Save As You Earn (SAYE)		<input type="checkbox"/> Transaction Account		
	<input type="checkbox"/> Early Start Account	<input type="checkbox"/> Smart Woman Account		<input type="checkbox"/> VSLA Account		
	<input type="checkbox"/> Foreign Currency Account	<input type="checkbox"/> Summit Account		<input type="checkbox"/> Youth Save Account		
	<input type="checkbox"/> Other Account (Specify) _____					

## 4. ACCOUNT AMENDMENT (Status or mandate) \*A separate resolution or requisite form should be attached)

Request	<input type="checkbox"/> Account reactivation	<input type="checkbox"/> Change of signature	<input type="checkbox"/> Change in signing mandate
	<input type="checkbox"/> Add signatory	<input type="checkbox"/> Remove signatory	<input type="checkbox"/> Change in account name
Supporting reasons			

### Undertaking:

I/We guarantee the accuracy of the information submitted on this application. I/We undertake to indemnify and keep the Bank at all times indemnified from and against any legal consequences arising from reliance on my/our instructions or submissions.

1st Applicant's signature: \_\_\_\_\_ Date DD / MM / YYYY

Other Signatory's signature : \_\_\_\_\_ Date DD / MM / YYYY

## FOR BANK USE ONLY

	Name	Signature	Date
<input type="checkbox"/> Signature(s) Verified			DD / MM / YYYY
<input type="checkbox"/> Supporting documents obtained			DD / MM / YYYY
Authorizer			DD / MM / YYYY

**Note:** For all accounts with the old SIGNCAP in the system, please attach a fully-filled Customer Information Update Form