



NIC ONLINE BANKING - AMENDMENT FORM

COMPANY NAME _____

Section 1.0: Services/Account

Please tick accordingly:

		Services	Accounts	Comment
<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
<input type="checkbox"/> Add	<input type="checkbox"/> Delete			

Section 2.0: Users and Access Rights

Complete the form below - Indicate users and their access rights.

User Name	User Class			Transaction Limits	Modules					Accounts to Be accessed	Email Address	Comment
	Inputer	Supervisor	Authorizer		Ac/ statements	Cheque	Transfers	e-Pay (Batches)	eTrade (Fx)			

Endorsement

By Signing below, I(we) acknowledge that I(we) am/are authorized signatories of the account. The information provided herein is correct and true to the best of our knowledge and we endorse the instructions set forth in this document.

 Authorized Signature (s) / Company Stamp

For Bank Use Only

	Name	Signature	Date
Signature Verified:			
Accounts Verified:			
Changes Effected:			
Customer Notified:			