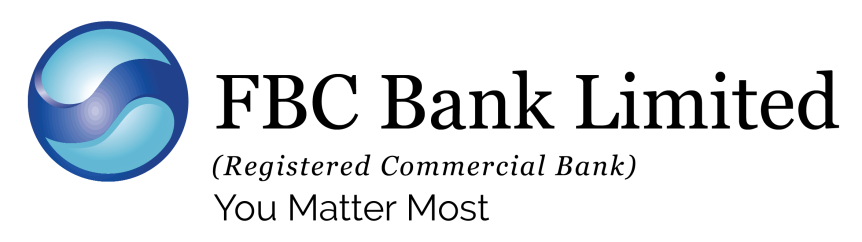
****

**Requirements for activation of authorized users on to the new Internet Banking product**.

Following the upgrade of the FBC Internet Banking system, please be advised that the new Internet Banking product requires the authorized user’s date of birth and mobile number to facilitate delivery of the one time password on to the user’s mobile number.

**Please fill in the required details in the below table**:

**Date** ………………………………………………………………………….

**Corporate name** …………………………………………………………………………..

**Branch Name** …………………………………………………………………………….

**FBC account numbers** .................................................................................

……………………………………………………………………………..

……………………………………………………………………………..

……………………………………………………………………………..

……………………………………………………………………………….

**Signing Arrangements** ………………………………………………………………………………..

**No. of authorized users** …………………………………………………………………………………

**USER DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **User Name** | **User ID** | **ID No.** | **Mobile No.** | **DOB(DMY)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Signed and authorized by:**

**Corporate Authorized signatory’s name/s 1)………………………………………………………………**

**Designation ………………………………………………………………..**

**Signature ………………………………………………………………….**

**Designation: …………………………………………………………………..**

**Date ………………………………………………………………….**

**Corporate Authorized signatory’s name/s 2) ………………………………………………………………**

**Designation ………………………………………………………………..**

**Signature ………………………………………………………………….**

**Designation: …………………………………………………………………..**

**Date ………………………………………………………………….**

**For FBC internal use**

**Account details /signatories verified by …………………………………………………………………..**

**Branch Mgr / Ops / ARM’s Signature ……………………………………………………………………….**

**Date/ Branch stamp…………………………………………………………………………………………………….**