

Corporate Internet Banking Service Maintenance Request Form



Note: Please complete in BLOCK letters and sign in the appropriate space.

Date:

Branch: _____

CIF: _____

CORPORATE DETAILS

CIF Number: _____ Office Telephone/GSM NO.(s): _____

Name of Corporate: _____ CR No: _____

Email ID: _____ Master User Name: _____

Address: _____ Job Title: _____

SERVICE REQUEST

User Title	Corporate Title
Company ID:	Total Daily Limit:
<input type="checkbox"/> Mobile Number change New mobile number:	Limit per transaction Note: up to 50,000 transactions only
<input type="checkbox"/> Change in Email New Email number:	Number of approval per Transaction:
<input type="checkbox"/> Change in Job Title New Job Title:	
<input type="checkbox"/> Enable <input type="checkbox"/> Disable <input type="checkbox"/> Unlock <input type="checkbox"/> Disconnect <input type="checkbox"/> SMS Password <input type="checkbox"/> Email Password	
<input type="checkbox"/> Change in Role <input type="checkbox"/> User Management <input type="checkbox"/> View accounts <input type="checkbox"/> Fund Transfer Maker <input type="checkbox"/> Fund Transfer Checker	

Note:

- 1) All Limits will be in account currency
- 2) In Case if the limits are not specified, default daily limit of 50,000 (Account currency) would be set.
- 3) In Case if limit per transaction is not specified, default limit of 1000 (Account currency) would be set.
- 4) The limits requested can be changed by Admin user at any time.

DECLARATION

We confirm that the information given above is true and complete. We hereby confirm and undertake that we have read and understood the Terms and Conditions for usage of Corporate Internet Banking Services provided by Bank Nizwa. We agree that we will adhere to all the terms and conditions for opening/ applying/ availing/ maintaining/ operating (as applicable) and usage of Internet Banking, as may be in force From time to time. We agree and understand that the bank may, in its absolute discretion, discontinue any of the services completely or partially without providing any reasons.

Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Company Seal / Stamp	

FOR BANK USE ONLY

For Relationship Manager Use Only	For Operational Use Only
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY	Date of receipt at operations: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY
RM Name: _____	Deliverables Created by: _____
Signature of Corporate verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized by: _____
Signature of RM: _____	Date of Dispatch of Deliverables: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY
Date of Dispatch to operations: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY	