



South African Reserve Bank

INTERNET BANKING ACCESS REQUEST FORM

Customers Personal Details

| Name of the Institution | Registered address of Institution | Contact telephone number(s) | CPD account(s) to which access is requested |
|-------------------------|-----------------------------------|-----------------------------|---|
| | | | |

| | Name | Last Name | Email address | Contact number |
|---|------|-----------|---------------|----------------|
| Chief Financial Officer/ Representative | | | | |
| IT Manager / Representative | | | | |

| Personal Details | | | | | | Corporate Administrator Roles | | | | Corporate User Roles | | | |
|---------------------------------------|-------------------|----------------|---------------|---------------|----------------|-------------------------------|----------------------------|----------------------------|----------------|----------------------|----------------------------|----------------------------|----------------|
| First Name | Last Name of user | Tittle of user | Date of birth | Email address | Contact number | Initiator | 1 st Authorizer | 2 nd Authorizer | Enquiry Access | Initiator | 1 st Authorizer | 2 nd Authorizer | Enquiry Access |
| (insert additional rows if necessary) | | (Mr/Ms) | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Authorisation (to be signed by two authorised signatories) | | |
|--|------------------------|------------------------|
| | Authorised signatory 1 | Authorised signatory 2 |
| Initial and surname of signatory | | |
| Signature of authorized signatory | | |
| Date: | | |

| For SARB use only | | |
|-------------------|--------------|-------|
| Created by: | Approved by: | Date: |