

PROFESSIONAL ONLINE BANKING SERVICES APPLICATION

VIEW-ONLY



If you need help to complete this form, please call us on 0800 289 936 (Freephone UK only) or +44 (0)1624 645000.

Please complete this form in full and when you have completed it please submit it electronically via DocuSign.

If your company wishes to apply for online banking access to view or transact on your account(s), please complete the below sections.

The following information should be supplied by the company and is required to ensure that only the below applicants can access your accounts

1. ABOUT THE COMPANY ("THE COMPANY")

ACCOUNT NAME	
ACCOUNT NUMBER(S)	

2. FACILITIES REQUIRED

Please confirm the facilities required by ticking the relevant box below.

ACCOUNT VIEWING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REPORTING SERVICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3. APPLICANTS FOR ONLINE BANKING (USERS)

FULL NAME 1	
FULL NAME 2	
FULL NAME 3	
FULL NAME 4	
FULL NAME 5	
FULL NAME 6	

4. SECURITY MANAGER'S INFORMATION

	SECURITY MANAGER	ALTERNATIVE SECURITY MANAGER
FORENAME		
SURNAME		
EMAIL ADDRESS		
TELEPHONE NUMBER	+ <input type="text"/>	+ <input type="text"/>
FOR ADDED SECURITY AND TO HELP US TO IDENTIFY YOU, PLEASE PROVIDE A PASSWORD. PLEASE WRITE IN PRINT AND BLOCK CAPITALS, AND KEEP TO ONE WORD. PASSWORD MUST BE A MINIMUM OF FOUR CHARACTERS.		

Your hardware token(s) will be delivered to your registered office address, if you require delivery to an alternate address, please specify below:

ALTERNATIVE DELIVERY ADDRESS	
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6. ACCOUNTHOLDER SIGNATURE(S)

Please note, you are advised to check your account(s) online daily and inform us immediately if any discrepancies are found.

It is acknowledged that the Bank may assume that this mandate will remain valid until it has received notice in writing confirming otherwise.

By signing below, you agree that you have received a copy of the Professional Online Banking Services Terms and Conditions and you agree to be bound by them. The Terms and Conditions as amended from time to time shall form an agreement between you and us as if incorporated herein. Any changes to these will be advised to you immediately.

	FIRST AUTHORISED SIGNATORY	SECOND AUTHORISED SIGNATORY
SIGNATURE		
DATE (DD/MM/YYYY)		

Please note, all signatories to the account must sign this form in accordance with your existing account mandate.

If we have asked you to complete this form electronically, by completing and signing this form electronically, you agree that the signature(s) will be the electronic representation of your signature(s) for all purposes, in the same way as a pen-and-paper signature. There is no need to print and return the original form if you have signed it electronically at our request. If you wish to contact us by post, our office addresses are:

Nedbank Private Wealth
St Mary's Court 20 Hill Street
Douglas Isle of Man
British Isles IM1 1EU

or

Nedbank Private Wealth
31 The Esplanade
St Helier Jersey
Channel Islands JE1 1FB

or

Nedbank Private Wealth
Seventh Floor
12 Arthur Street
London EC4R 9AB

Once this application form has been approved, an agreement letter will be issued.