



**INTERNET BANKING PERSONAL APPLICATION FORM.**

**Accounts to be shown on the Internet Banking Platform.**

Please indicate below which accounts you would like to view on your Internet Banking profile.

Account Details			
	Account No	Account Name	User Names and Signature
1.			
2.			
3.			
E-mail Address:..... Phone Number:.....			

**SECTION D: GENERAL**

**1. Authority to debit my account**

I request and authorize Cavmont Bank to debit my above account with the fees and charges as set out in the Cavmont Bank limited tariff guide as amended from time to time, as and when same accrue.

These instructions are to remain in force until cancelled by me in writing and receipt of such cancellation in writing is acknowledged by the Bank in writing.

**2. Standard Terms and Conditions of Use**

This Customer hereby agrees that by signing this agreement the Customer expressly incorporates and accepts the Zambia Electronic Clearing House Funds Transfer rules and the Cavmont Bank Limited Internet Banking Standard Terms and Conditions of Use available for viewing on the Cavmont Bank Limited website, on its e-Cavmont Banking facility portal and which Standard Terms and Conditions of use the customer shall be prompted to either expressly accept or decline at the Customer's first log-in.

**3. Declaration by Customer**

The customer confirms that all the information contained in this agreement is correct and that the customer shall have no claim against the Bank in the event of any of the information being incorrect. The customer undertakes to notify the Bank in writing should any of the said information change at any time in the future.

The customer understands and accepts that the incorporated Terms and Conditions for Use of the Cavmont Bank Internet Banking shall apply to the use of any Cavmont Bank Internet Banking facility allocated to the customer pursuant to this application.

**4. Information on New Products and Services**

By ticking the box below, the customer **DOES NOT** consent to receiving information from the Bank on new products, services and promotions.

By ticking the box below, the customer hereby grants to the bank first right of refusal to any loan and credit products and services the customer may be inclined to procure from the financial markets

I request you to open my account based on the information given above, which is true to the best of my knowledge and belief. I undertake to indemnify you against any losses which you may suffer as a result of opening my account depending on the information I have provided as above. I hereby certify that all the particulars given by me are true and complete. I further confirm that have read the terms and conditions governing the operation and closure of accounts with Cavmont Bank Ltd and agree to be bound by them

**Signed at** ..... on .....

Customer Name:.....Customer Signature:.....

WITNESSES:

Name:.....Signature:.....

FOR OFFICIAL USE ONLY

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**Branch Level**

Branch Manager Approval: ..... Date.....

Signature:.....

**E-Channels**

Creator:..... Date:.....

Verifier:..... Date:.....

Approver:..... Date.....