

**Service Request Form**

Date:

The Manager

AB Bank PLC.

..... Branch

You are requested to provide me/us with the following e-Banking services and also consider this as an authority to debit my/our below mentioned account for all the related fees & charges where applicable.

Title of Account \_\_\_\_\_

Account Number

<input type="checkbox"/> <b>Debit Card</b>
<p>Name to be embossed on Debit Card (in Block Letters)</p> <input style="width: 100%; height: 20px;" type="text"/> <p align="right">(maximum 19 characters)</p> <p>Primary Account Number</p> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <p>Linked Account Number (if required)</p> <p>1.</p> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <p>2.</p> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <p>3.</p> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>SMS Alert</b>
<p>Mobile Number for SMS alert Service</p> <input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>Internet Banking [Fund Transfer, Bill Payment, Top-up (auto enabled), Account Statement etc.]</b>
<p>User ID: .....</p> <p>e-mail: .....</p>

General guidelines:

1. Name and signature of the applicant of all linked accounts must be same as the primary account. Applicants of singly operated Joint Accounts can avail the above services also.
2. In case of change of mobile number, loss of mobile device or SIM card; customer should immediately inform "AB Bank Call Center" at 16207 or nearest AB Bank Branch or e-mail to [support@abbl.com](mailto:support@abbl.com).
3. In case of inadvertent misplacement of any of the access credentials of above services (e.g. PIN, User ID, password etc.) customer should immediately inform "AB Bank Call Center" at 16207 or nearest AB Bank Branch or e-mail to [support@abbl.com](mailto:support@abbl.com).

.....  
Account Holder's Signature

.....  
Joint Account Holder's Signature (s)

**For Bank's Use Only**

<b>Signature Verified by (sign, seal and date)</b>	<b>Approved by BM/OM (sign, seal and date)</b>