

This form is to be used to request changes to Delegates accessing Business Internet Banking (BIB). Complete a separate form for each Delegate.

Name of Organisation: _____

DELEGATE INFORMATION

Add Delegate

Remove Delegate
(Complete Section 1 Only)

Edit Delegate

Section 1 – Delegate Details

Please amend the Delegate's details as follows:

Title: Mr. Mrs. Miss Ms. Dr. Other: _____

Delegate Name: _____

Telephone No.: _____ Fax No.: _____

e-mail address: _____

Section 2 – Access and Limits

Please add/remove the following account(s) to be accessed through the BIB service:

Account No. _____ Account No: _____

Account No. _____ Account No. _____

<input type="checkbox"/> PREPARE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> ENQUIRE ONLY
This allows the user to prepare transactions on all accounts listed below up to the Customer Delegate's daily limit.	This allows the Customer Delegate to approve their own and/or other users transactions on the accounts listed up to their transaction and daily limits.	This allows the Customer Delegate to view the accounts listed below.

<i>Please indicate the Customer Delegate's ability to:</i>			DAILY LIMITS
Transaction Category	From	To	Bank Limits
Transfer to pre-designated payee**			1,000,000
Transfer to non-designated payee***			100,000
Own account transfer			1,000,000
Bill payment			100,000

**The Daily Limits cannot be greater than the listed Bank Limits
**Pre-designated payees are created by the Bank at your request
***Non-designated payees are created by the Applicant via BIB*

(PRINT full name of Authorised Signatory)

(Signature of Authorised Signatory)

Date (dd/mm/yy)

Complete for **APPROVE** Customer Delegates

Transaction Approval Limit: From: _____ To: _____
(this limit is per transaction and must be lower or equal to the highest Daily Limit)

Section 3 – Security Credentials

For New Delegates, please indicate the preferred method of disbursement for your Security Credentials:

- Collect from Head Office Mezzanine
- Courier to Street Address (No P.O. Box): _____

Tel No.: _____

SIGNATURES (on behalf of the Organisation)

Signed for and on behalf of the Organisation:

(PRINT full name of Authorised Signatory) (Signature of Authorised Signatory) Date (dd/mm/yy)

(PRINT full name of Authorised Signatory) (Signature of Authorised Signatory) Date (dd/mm/yy)

FOR BANK USE ONLY

Date Received: _____ Signature(s) verified by: _____

Link to Organisation Electronic Banking No. (EBN):

Input by: _____ Verified by: _____