



E-BANKING SERVICES APPLICATION FORM

BRANCH: _____

DATE: _____

1. Mobile Banking USSD	<input type="checkbox"/>	<input type="checkbox"/> Indicate D, W, M if you need your Statement Daily/Weekly/Monthly
2. SMS Alert	<input type="checkbox"/>	
3. E-Alert	<input type="checkbox"/>	
4. Internet Banking	<input type="checkbox"/>	
5. My BOA-Rwanda APP	<input type="checkbox"/>	
6. E-Statement	<input type="checkbox"/>	

ACCOUNT NO:	
FIRST NAME:	
LAST NAME:	
COMPANY NAME	
TIN NO:	
ID OR PASSPORT NUMBER:	
ADDRESS:	
PHONE NO:	
EMAIL ADDRESS:	

ROLE: Initiator Verifier Authorizer

Name & Signature: Role:

Email address & Phone Number:

Name & Signature: Role:.....

Email address & Phone Number

Name & Signature: Role:

Email address & Phone Number:.....

For Official Use Only

Completed and Initiated by BM/RO/CCO:

Verified and Approved by ABM:

Full Name:

Full Name:

Signature:

Signature:

Title:

Title:

Date /Stamp:

Date/Stamp: