



NATIONAL BANK OF MALAWI

Registered under the Banking Act 1989

e-Banking Services

HEAD OFFICE, P.O.BOX 945, BLANTYRE, MALAWI.

Phone: + 265 (0) 1824793/ (0) 1820622/823135, Fax +265 (0) 824796, E-mail: ebu@natbankmw.com

MOBILE PHONE BANKING CUSTOMER CHANGE REQUEST FORM

Please complete, sign below and submit to e-Banking Services, Fax +265 (0) 1824796. E-mail: ebu@natbankmw.com

Date.....

Account Name: Main Account Number (Mandatory).....

Add/Remove the following accounts: (Please clearly write the 4 character code of your choice as your A/C ID)

- 1. A/C Number.....Service Centre..... A/C Id..... Add Remove
- 2. A/C Number.....Service Centre..... A/C Id..... Add Remove
- 3. A/C Number.....Service Centre..... A/C Id..... Add Remove
- 4. A/C Number.....Service Centre..... A/C Id..... Add Remove
- 5. A/C Number.....Service Centre..... A/C Id..... Add Remove

Register This Following Mobile Number For Access:

Change My Access Mobile Telephone Number To:

Add / Remove the Following Services. (Please clearly tick in appropriate box)

- | | | | | | |
|---|------------------------------|---------------------------------|---------------------|------------------------------|---------------------------------|
| Balance Enquiry | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | Cheque Book Request | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| Mobile Top-up | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | Bill Payment | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| Transaction Enquiry | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | Stop Payment | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| Funds Transfer/
Third Party Payments | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | | | |

Amount alert option (Your account has been debited by XXXX amount. Please indicate alert amount required for system alert)
K.....

Reset My PIN (Used when you cannot recall your PIN code). Yes No

I need further help. Please contact me on: Phone:Email:

I/We request National Bank to carry out the above instructions. I/We confirm to have read, agreed to, and will comply with the Terms and Conditions of the service as detailed in the Mobile Phone Banking System Agreement.

Dated this _____ day of _____

Authorized Signatory _____

Name of Signatory _____