

e-Banking Services

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

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

Date: ___/___/20__

Account Name: _____ Main Account No. (Mandatory): _____

Security Question (e.g. Father/Mother's First Name, Pet's Name, Village): _____

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: _____ | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| 2. A/C Number: _____ | Service Centre _____ | A/C Id: _____ | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| 3. A/C Number: _____ | Service Centre _____ | A/C Id: _____ | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| 4. A/C Number: _____ | Service Centre _____ | A/C Id: _____ | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |

Register the 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: _____ e-Mail: _____

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 _____

Authorising Signature: _____

Name of Signatory: _____