

## E – Product Request Form

(Please indicate below which service you wish to apply for)

Best Alert <input type="checkbox"/>	ATM Debit Card <input type="checkbox"/>	Best Mobile USSD <input type="checkbox"/>
E-Mail Alert <input type="checkbox"/>	E-statement <input type="checkbox"/>	Best Mobile APP <input type="checkbox"/>

Minimum Amount to get Alert GHS.....

**FIRST APPLICANT**

Full Name:.....

Date of Birth:.....

Email Address:.....

Mobile No: .....

ClientID: .....

**SECOND APPLICANT (JOINT ACCOUNT)**

Full Name: .....

Date of Birth: .....

Email Address: .....

Mobile No: .....

ClientID: .....

**ACCOUNT INFORMATION**

Account Number 1 ..... Branch ..... Type.....

Account Number 2 ..... Branch ..... Type .....

*Terms and Conditions Apply*

**DECLARATION**

The terms and conditions have been explained to me and I agree to comply.

First Applicant **Sign**..... Second Applicant **Sign** ..... Date .....

**FOR OFFICE USE ONLY**

Customer Service Officer .....  
Name Sign Date

Operations Officer .....  
Name Sign Date