

CRDB SIMBANKING CUSTOMER DETAILS UPDATION FORM

Date: Daty, Month, Tear)
Customer Details:
Account Name; First name: Second name.
Surname:
Account Number:
Mobile Telephone Number:
E-mail address
DECLARATION BY THE APPLICANT: I hereby wish to update my contact details for the CRDB SimBanking service from CRDB Bank PLC. I accept and agree to be bound by the terms and conditions of use for SimBanking. I accept that at any time the bank may vary the terms and conditions of SimBanking without notice. I hereby waive any right of contestation in respect thereof and agree to be bound by the same. I warrant that the information given above is true and correct. I understand that the Bank reserves the right to decline the application without giving reason(s). Signature: Date:
FOR BRANCH OFFICIAL USE ONLY: Verified by: Name of officer
Authorized by: Departmental Manager
Name: Signature: Signature Code: Signature
DATE:
NB: Once completed by branch please fax to 022-2135539 (DABC)
ELECTRONIC BANKING DIVISION:
The Application has been checked and found to be correct for creation of the customer telephone mobile number details in the system.
Name of Maker:
Signature: Date:
Authorized by:
Name of Manager/Supervisor:
Signature: Date: