



ARAB JORDAN INVESTMENT BANK

Cyprus Branch

APPLICATION FOR ELECTRONIC BANKING SERVICE

CUSTOMER ID:

PLEASE PROCEED WITH MY/OUR APPLICATION FOR ARAB JORDAN INVESTMENT BANK CYPRUS BRANCH INTERNET BANKING SERVICE (AJIB-CY IBS)

DETAILS OF APPLICANT – PLEASE ENSURE THAT YOU AND YOUR AUTHORISED PERSON HAVE READ, AGREED AND SIGNED THE DECLARATION FOR THE PROTECTION OF PERSONAL DATA.

Please provide your name/legal name (for entities) and identification details	
Name:	Surname:
Legal Name (for entities):	
Passport number/ID number/Company Registration Number:	
Telephone number:	Email address:

DETAILS OF AUTHORISED PERSON - PLEASE ENSURE THAT THE AUTHORISED PERSON HAS READ, AGREED AND SIGNED THE DECLARATION FOR THE PROTECTION OF PERSONAL DATA AND HAS PROVIDED (IF NECESSARY) ALL RELEVANT PERSONAL INFORMATION ON THE INDIVIDUAL QUESTIONNAIRE

THE FOLLOWING PERSON IS HEREBY AUTHORISED AND APPOINTED TO RECEIVE THE USER ID AND PASSCODE AND IS HEREBY AUTHORISED TO USE AJIB-CY IBS IN ORDER TO ACCESS MY/OUR ACCOUNTS FOR INFORMATION ONLY (TO RETRIEVE INFORMATION REGARDING TRANSACTIONS AND THE ACCOUNT BALANCE), AND/OR UTILISE ALL AVAILABLE SERVICES OF AJIB-CY IBS.

Please provide authorized person's name and identification details	
Name:	Surname:
Passport number/ID number:	
Telephone number:	Email address:

DELIVERY INSTRUCTIONS

I/We hereby authorize AJIB-CY to deliver the User ID and Passcode by Courier at my/our own risk and cost, to:

Name:	Surname:
Address (please specify a physical address and not a post office address):	
Telephone number:	Email address:

APPLICATION AND DECLARATION SIGNED BY

All account holder(s) for individual account(s) or director(s) for company/entity accounts must sign below

I/We have read, understood and agree to be bound by the terms and conditions of AJIB-CY(IBS) and understand that they shall be read in conjunction with and shall form an inseparable part of the terms and conditions governing the opening and operation of my/our bank account(s) with AJIB-CY. Please submit your signed/completed application for AJIB-CY IBS to AJIB-CY, 23 Olympion Str, Limassol 3035 Cyprus.

Print Name/Capacity	Signature	Date
Print Name/Capacity	Signature	Date
Print Name/Capacity	Signature	Date

For internal use only	Date:	
----- Prepared By	----- Compliance Officer	----- Management Approval