



Date:
Day Month Year

INTERNET BANKING UPDATE FORM

Account Name: _____

Account Number:

I/We hereby request for the following (please tick as appropriate):

- Password Reset
- Transaction Code
- Did not receive Login ID/Password
- Unblock Account due to several login attempts
- Other Comments: _____

Login ID: _____

Email Address: _____

Preferred Branch of Pick Up (for Transaction code only): _____
(Kindly access our branches location on www.intercontinentalbankplc.com)

Authorised Signature

Authorised Signature

For Office Use Only

Signature Verification by CSO

Name, Comment, Signature, Staff ID and Date

Confirmation of Request

Name, Comment, Signature, Staff ID and Date

Confirmation of E-mail Address by HOP

Name, Comment, Signature, Staff ID and Date

Adequacy for Third Party Transfer (KYC Compliance) by HOP

Name, Comment, Signature, Staff ID and Date

NOTE: All information herein should correspond with account mandate.