



| ACCESSPAY USER ENROLLMENT FORM | |
|--------------------------------|--|
| Customer Name: | |
| Primary Contact Name: | |
| Phone Number: | |
| Email: | |

A: USER DETAILS (To be filled in by the requesting organisation/Individual)

| | |
|---|--|
| Full Name: | |
| User Name : | |
| Phone Number : | |
| Valid Email Address : | |
| User Profile : | Initiator <input type="checkbox"/> Authorizer: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> |
| Amount Limit : | |
| | |
| Full Name: | |
| User Name : | |
| Phone Number : | |
| Valid Email Address : | |
| User Profile : | Initiator <input type="checkbox"/> Authorizer: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> |
| Amount Limit : | |
| | |
| Full Name: | |
| User Name : | |
| Phone Number : | |
| Valid Email Address : | |
| User Profile : | Initiator <input type="checkbox"/> Authorizer: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> |
| Amount Limit : | |
| | |
| Full Name: | |
| User Name : | |
| Phone Number : | |
| Valid Email Address : | |
| User Profile : | Initiator <input type="checkbox"/> Authorizer: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> |
| Amount Limit : | |
| | |
| Please indicate below the details of your Access Bank Account | |
| Account Name | Account Number |
| _____ | _____ |

AUTHORISED SIGNATORIES TO THE ACCOUNT

| | | | |
|------|----------|-----------|------|
| Name | Position | Signature | Date |
|------|----------|-----------|------|

ACCESSPAY USER UNDERTAKING

By using AccessPay Services we on behalf of ----- hereby undertake:

1. To ensure appropriate signatories are setup on AccessPay to approve remittance instructions in accordance with our internal approval rules. We understand that these approval rules will be applied to all remittance instructions processed on AccessPay and therefore will not be subjected to telephone, e-mail or any other manual confirmation by the bank before transactions are completed.
2. To keep confidential all AccessPay security related information such as passwords, and Access Codes. We understand that the bank, their affiliates and service providers will never request us to divulge any of these pieces of information by phone, mail or any other means. We oblige to report any representation to the contrary to our bank promptly.
3. To keep personal data supplied to the Bank up to date on a timely basis at all times for the period of use of AccessPay.
4. To indemnify and hereby keeps indemnified the Bank its affiliates and service providers against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by the Bank of whatever nature and howsoever arising out of, or in connection with your use of AccessPay provided that the Bank acts in good faith.
5. To accept that the User Undertaking shall be incorporated by reference into the user terms and conditions and in the event of any conflict between the User Undertaking and the User terms and conditions, the User terms and conditions shall prevail.
6. We the undersigned on behalf of _____ agree to use AccessPay service in accordance with the User terms and conditions of service.

AUTHORISED SIGNATORIES TO THE ACCOUNT

| Name | Position | Signature | Date |
|------|----------|-----------|------|
|------|----------|-----------|------|

FOR BANK'S USE ONLY

| Username | Token Serial Number | User Role |
|----------|---------------------|-----------|
|----------|---------------------|-----------|

Processed by ----- Signature -----