



E-Channel Form

Please tick your desired services below/ Hitamo serivisi wifuza:

Service/Serivisi	(✓)
Mobile Banking	
Access Pay	
Debit Card	
Credit Card(Additional Form required)	

Customer Name/Amazina:	
Phone Number:	
ID No:	ID Type:
DOB:	
Account Number/No. Ya Konti	
Customer Signature/Umukono:	

For Official Use Only

Customer Care Feedback	
Name	
Signature	



E-Channel Form

Please tick your desired services below/ Hitamo serivisi wifuza:

Service/Serivisi	(✓)
Mobile Banking	
Access Pay	
Debit Card	
Credit Card(Additional Form required)	

Customer Name/Amazina:	
Phone Number:	
ID No:	ID Type:
DOB:	
Account Number/No. Ya Konti	
Customer Signature/Umukono:	

For Official Use Only

Customer Care Feedback	
Name	
Signature	