ALLIED CAPITAL BANK

Internet Banking Application Form and Agreement

Section 1: Applicant details

Full name: .....
Date of birth: .....
Nationality: .....
Residential address: .....
.....
Contact telephone: .....
Email address: .....

Section 2: Account details

Account name: .....
Account number: .....
Branch: .....
Customer number: .....

Section 3: Access and security

Preferred user ID: .....
Security question: .....
Answer: .....

Section 4: Declaration

I confirm that the information provided in this application is accurate and I agree to the Internet Banking Terms and Conditions.

Signature: ..... Date: .....

Please return the completed form to service@alliedcapitalbank.com or deliver it to your nearest branch.