

APPLICATION OF ELECTRONIC BANKING SERVICES - LEGAL PERSON

FOR THE BANK USE ONLY

BRANCH:	MIS CODE:
ATTENDED BY:	DATE:

LEGAL PERSON UPDATE

COMPANY NAME:	<input type="text"/>	RUC:	<input type="text"/>
CONTACT PERSON:	<input type="text"/>	TELEPHONE:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	TOKEN ADMINISTRATOR:	<input type="text"/>

PRODUCTS MAINTENANCE

RECRUIT ALL ACCOUNTS/PRODUCTS:	<input type="checkbox"/>	AFFILIATE EVERY ACCOUNT / PRODUCTS AFTER AFFILIATION	<input type="checkbox"/>
ACCOUNTS:	<input type="text"/>		
SAVINGS ACCOUNTS:	<input type="text"/>		
LOANS:	<input type="text"/>		
CREDIT CARDS:	<input type="text"/>		
EMAIL ADDRESS:	<input type="text"/>		

The Legal Client hereby requests the Bank does not include as related account(s)(s) to the Electronic Banking service(s) the following account(s):

ACCOUNTS:	<input type="text"/>
SAVINGS ACCOUNTS:	<input type="text"/>
LOANS:	<input type="text"/>
CREDIT CARDS:	<input type="text"/>
FIXED-TERMS DEPOSITS:	<input type="text"/>

OPERATORS MAINTENANCE

INCLUSION OF NEW OPERATORS

OPERATOR NAME	<input type="text"/>
IDENTITY CARD/PASSPORT:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
COUNTRY CODE/TEL. CELL PHONE:	<input type="text"/>
TELEPHONE OPERATOR:	<input type="text"/>
PROFILE CONSULTATION:	<input type="checkbox"/> LEGAL PLUS PROFILE <input type="checkbox"/>
RECRUIT ALL ACCOUNTS:	<input type="checkbox"/> RECRUIT THE FOLLOWING ACCOUNTS:
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR <input type="checkbox"/>	APPROVER <input type="checkbox"/>
THE INITIAL AMOUNT	FINAL AMOUNT
<input type="text"/>	<input type="text"/>

OPERATOR NAME	<input type="text"/>
IDENTITY CARD/PASSPORT:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
COUNTRY CODE/TEL. CELL PHONE:	<input type="text"/>
TELEPHONE OPERATOR:	<input type="text"/>
PROFILE CONSULTATION:	<input type="checkbox"/> LEGAL PLUS PROFILE <input type="checkbox"/>
RECRUIT ALL ACCOUNTS:	<input type="checkbox"/> RECRUIT THE FOLLOWING ACCOUNTS:
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR <input type="checkbox"/>	APPROVER <input type="checkbox"/>
THE INITIAL AMOUNT	FINAL AMOUNT
<input type="text"/>	<input type="text"/>

OPERATOR NAME	<input type="text"/>
IDENTITY CARD/PASSPORT:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
COUNTRY CODE/TEL. CELL PHONE:	<input type="text"/>
TELEPHONE OPERATOR:	<input type="text"/>
PROFILE CONSULTATION:	<input type="checkbox"/> LEGAL PLUS PROFILE <input type="checkbox"/>
RECRUIT ALL ACCOUNTS:	<input type="checkbox"/> RECRUIT THE FOLLOWING ACCOUNTS:
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR <input type="checkbox"/>	APPROVER <input type="checkbox"/>
THE INITIAL AMOUNT	FINAL AMOUNT
<input type="text"/>	<input type="text"/>

OPERATOR NAME	<input type="text"/>
IDENTITY CARD/PASSPORT:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
COUNTRY CODE/TEL. CELL PHONE:	<input type="text"/>
TELEPHONE OPERATOR:	<input type="text"/>
PROFILE CONSULTATION:	<input type="checkbox"/> LEGAL PLUS PROFILE <input type="checkbox"/>
RECRUIT ALL ACCOUNTS:	<input type="checkbox"/> RECRUIT THE FOLLOWING ACCOUNTS:
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR <input type="checkbox"/>	APPROVER <input type="checkbox"/>
THE INITIAL AMOUNT	FINAL AMOUNT
<input type="text"/>	<input type="text"/>

EXISTING OPERATORS DATA UPDATE

OPERATOR NAME:

IDENTITY CARD/PASSPORT:

EMAIL ADDRESS:

COUNTRY CODE/TEL. CELL PHONE:

TELEPHONE OPERATOR:

SECURITY MAINTENANCE
 USER CHANGE OF PASSWORD UNLOCKING MOBILE BANKING
 PASSWORD UNLOCK ACTIVATION SECURITY QUESTIONS
 UNBLOCK SOFT TOKEN

PROFILE MAINTENANCE
 PROFILE CONSULTATION: LEGAL PLUS PROFILE
 RECRUIT ALL ACCOUNTS: RECRUIT THE FOLLOWING ACCOUNTS: _____

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR APPROVER

THE INITIAL AMOUNT FINAL AMOUNT

OPERATOR NAME:

IDENTITY CARD/PASSPORT:

EMAIL ADDRESS:

COUNTRY CODE/TEL. CELL PHONE:

TELEPHONE OPERATOR:

SECURITY MAINTENANCE
 USER CHANGE OF PASSWORD UNLOCKING MOBILE BANKING
 PASSWORD UNLOCK ACTIVATION SECURITY QUESTIONS
 UNBLOCK SOFT TOKEN

PROFILE MAINTENANCE
 PROFILE CONSULTATION: LEGAL PLUS PROFILE
 RECRUIT ALL ACCOUNTS: RECRUIT THE FOLLOWING ACCOUNTS: _____

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR APPROVER

THE INITIAL AMOUNT FINAL AMOUNT

OPERATOR NAME:

IDENTITY CARD/PASSPORT:

EMAIL ADDRESS:

COUNTRY CODE/TEL. CELL PHONE:

TELEPHONE OPERATOR:

USER CHANGE OF PASSWORD UNLOCKING MOBILE BANKING
 PASSWORD UNLOCK ACTIVATION SECURITY QUESTIONS
 UNBLOCK SOFT TOKEN

PROFILE MAINTENANCE
 PROFILE CONSULTATION: LEGAL PLUS PROFILE
 RECRUIT ALL ACCOUNTS: RECRUIT THE FOLLOWING ACCOUNTS: _____

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR APPROVER

THE INITIAL AMOUNT FINAL AMOUNT

OPERATOR NAME:

IDENTITY CARD/PASSPORT:

EMAIL ADDRESS:

COUNTRY CODE/TEL. CELL PHONE:

TELEPHONE OPERATOR:

USER CHANGE OF PASSWORD UNLOCKING MOBILE BANKING
 PASSWORD UNLOCK ACTIVATION SECURITY QUESTIONS
 UNBLOCK SOFT TOKEN

PROFILE MAINTENANCE
 PROFILE CONSULTATION: LEGAL PLUS PROFILE
 RECRUIT ALL ACCOUNTS: RECRUIT THE FOLLOWING ACCOUNTS: _____

SIGNATURE SCHEME FOR JOINT ACCOUNTS

CREATOR APPROVER

THE INITIAL AMOUNT FINAL AMOUNT

DELETE THE FOLLOWING ACCOUNTS:

BY THIS MEAN WE REMOVE FROM THE ELECTRONIC BANKING SERVICES TO THE FOLLOWING OPERATORS:

FULL NAME	NO. DOCUMENT	FULL NAME	NO. DOCUMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FULL NAME	NO. DOCUMENT	FULL NAME	NO. DOCUMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Legal client hereby requests the termination of the following services: (If applicable)

ON LINE BANKING MOBILE BANKING

REASON: _____

STAMP
SIGNATURE NOT VERIFIED
(FOR USE OF THE BANK)



SIGNATURES OF PRESIDENT, GENERAL REPRESENTATIVE OF ELECTRONIC BANKING
OR THE PERSON AUTHORIZED BY ACT

APPROVED BY (THE BANK): _____

The customer declares to have read and accepted the terms and conditions that appear in this application and its attachments. I certify that baton to Global Bank Corp. from any liability, loss or damage that may result from the improper use of the services provided through the electronic banking systems. This request will be processed within 48 hours to the metro area and 72 hours for west and central areas, after receipt provided that the same is properly completed. Use print or machine-readable form without smudging or studs.