

GoMobile APPLICATION FORM

PERSONAL DETAILS

Prof/Dr. /Mr/Mrs/Miss/Other: _____
Name: (Full Name) _____
ID/Passport No.: _____ Mobile No.: _____
Postal Address: _____ Post Code: _____
Town: _____ Country: _____
Email Address : _____ Residential Address: _____

ACCOUNT DETAILS

Default Account No: _____ Account Type: (For Charges) _____
Other Accounts: E.g. Account No: 301xxxxxx002 Alias Account Name: Savings – TSC Branch
Account No: _____ Alias Account Name: _____
Account No: _____ Alias Account Name: _____
Account No: _____ Alias Account Name: _____
 Kindly update my contact details as listed above in the Personal details section
Service required (Tick as appropriate) Create My Account Amend My Details Reset My PIN _____

CUSTOMER DECLARATION

I/we have read and understood the terms and conditions as provided in the ECB Mobile Banking Service Agreement.

Name: _____ Signature: _____ Date: _____ DD/MM/YYYY

Name: _____ Signature: _____ Date: _____ DD/MM/YYYY

* FOR OFFICIAL USE ONLY

Accounts & Signature Verified by:

Name: _____ Signature: _____ Date: _____ DD/MM/YYYY

Authorized by:

Name: _____ Signature: _____ Date: _____ DD/MM/YYYY

Enabled by:

Name: _____ Signature: _____ Date: _____ DD/MM/YYYY