

ROKEL COMMERCIAL BANK SMS BANKING

APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND RETURN TO ONE OF OUR PERSONAL BANKERS IN ANY ROKEL COMMERCIAL BANK BRANCH

Please register phone number for Mobile Banking:

Personal Details	
Surname (Account Holder)	
Other Names	
(Mr/Mrs/Miss/Ms)	
Address	
Telephone	
Surname (joint account holders only)	
Other Names	
(Mr/Mrs/Miss/Ms)	
Address	
Telephone	
Account No.	Branch
1.	
2.	
3.	
4.	
5.	

I/We* confirm that the information given is true and complete and

I/We* authorize you to make any enquiries you may deem necessary in connection with this application.

I/We* accept and agree to be bound by the SMS Banking conditions.

*Delete as appropriate

Signature(s) in case of joint accounts

All parties must sign

1.		
2.		