



BUSINESS USER Application Form

To be completed by applicants

Business Details

Business Name

Business Contact Person

Business Address

Mailing Address (if not same as above)

Mobile No

Network

Telephone Number

Ext

Email

Bill Payments

Enter account numbers below:

<input type="checkbox"/> Flow	<input type="text"/>
<input type="checkbox"/> Digicel	<input type="text"/>
<input type="checkbox"/> Domlec	<input type="text"/>
<input type="checkbox"/> Dowasco	<input type="text"/>
<input type="checkbox"/> Marpin	<input type="text"/>
<input type="checkbox"/> Digi Play	<input type="text"/>

NOTE: Please write initials on each page in this box.

MoBanking Customer Declaration

I/we have read and understood the Terms and Conditions (a copy of which I am in possession of) relating to use of the MoBanking Services.

I/we accept and agree to be bound by the said Terms and Conditions including those excluding/limiting NBD's liability as in force, and as may be amended by NBD from time to time. I/we certify that the details in this Application form are correct and I/we give you my consent to receive information electronically or by mail, as part of the MoBanking Service. I/we shall advise NBD immediately in the agreed manner as acceptable to NBD, in case of any change of the information and details included in this Registration Form. I/we agree to provide further information required and demanded by NBD, from time to time, for providing the service.

I/we understand that registration for this service will not automatically terminate my registration for use of another Electronic Banking Product (e.g. Bank-a-net).

I/we understand that under the MoBanking Service, NBD will enable me (and or users) to receive alert messages through the short messaging service (SMS) over my mobile phone or as an email as chosen by me and informed to the Bank, with respect to events/transactions/information relating to my Account.

Signature 1

Print Name

Date

Signature 2

Print Name

Date

Signature 3

Print Name

Date

NOTE: Please write initials on each page in this box.

Annex C

Form of resolution to accompany executed Agreement from Limited Liability Company.

Company Name

Company Address

At a meeting of the Company's Board of Directors held on the day of 20 it was resolved as follows:

- 1) that be authorised to execute the National Bank of Dominica Ltd's MoBanking Agreements and apply for such Service, for and on behalf of the Company;
- 2) that the Company agrees to keep the National Bank of Dominica Ltd duly indemnified against all and any loss which may result from the improper use of any aspect of this service by any User thereof, whether or not such User is a signatory to the Company's Customer Account Mandate;
- 3) that where required, terms used in this resolution shall have the same meaning as those in the National Bank of Dominica Ltd's MoBanking Agreements as executed on behalf of the Company.

Conditions Apply

- For individuals, signature of the account holder;
- For Joint Accounts, signatures of all signatories
- For sole proprietorship account, signatures of the Sole Proprietor
- For Partnership firm account, signatures of All Partners
- For Other Corporates, signature of all the Authorised Signatory(s) as per the Account
- Mandate Document. For limited Liability Companies, the Resolution in the form of Annex C must be completed.

NOTE: Please write initials on each page in this box.

BANK USE ONLY	ACCEPTED BY	DATE
	<input type="text"/>	<input type="text"/>
	CIF NUMBER	
	<input type="text"/>	
VERIFIED BY	DATE	
<input type="text"/>	<input type="text"/>	<input type="text"/>
INPUT BY	AUTHORISED BY	
<input type="text"/>	<input type="text"/>	<input type="text"/>

MoBanking Business **User 1**

Full Name

Address

Mailing Address *(if not same as above)*

Mobile No

Network

Telephone Number

Ext

Email

Alert Delivery Method:

Email

SMS

Permissions:

☐

Enable View/Inquiry

(Can only view account on MoBanking)

☐

Transaction Capable

(Can access all account features on MoBanking)

Two signatures required:

Yes

No

NOTE: Please write initials on each page in this box.

MoBanking Business **User 2**

Full Name

Address

Mailing Address *(if not same as above)*

Mobile No

Network

Telephone Number

Ext

Email

Alert Delivery Method:

Email

SMS

Permissions:

☐

Enable View/Inquiry

(Can only view account on MoBanking)

☐

Transaction Capable

(Can access all account features on MoBanking)

Two signatures required:

Yes

No

NOTE: Please write initials on each page in this box.

MoBanking Business **User 3**

Full Name

Address

Mailing Address *(if not same as above)*

Mobile No

Network

Telephone Number

Ext

Email

Alert Delivery Method:

Email

SMS

Permissions:

☐

Enable View/Inquiry

(Can only view account on MoBanking)

☐

Transaction Capable

(Can access all account features on MoBanking)

Two signatures required:

Yes

No

NOTE: Please write initials on each page in this box.