



APPOINTMENT OF AUTHORISED AGENT

PLEASE COMPLETE THIS FORM, PRINT AND DROP AT YOUR NEAREST I&M BANK BRANCH

THE BRAND MANAGER,

I&M BANK LIMITED.

BRANCH: _____

APPOINTMENT OF AUTHORISED AGENT

I/We hereby appoint Mr/Mrs/Ms

Of ID/PP No _____ as my/our authorized agent for Current/ Savings

Account no _____ in the name(s) _____

(Kindly attach ID/Passport copy and photos)

KINDLY TICK WHERE AUTHORITY IS GIVEN

I/We confirm that he/she is allowed to transact on my/our behalf as indicated below:

- Cash Deposit
- Cash Withdrawal
- Account Balance enquiry
- Cheque book collection
- Statements & Advises collection

Any other (state) _____

DECLARATION

It is the responsibility of the appointing authority to notify the Bank of any change of authorized agents.

The Bank shall in no way be held responsible where such changes have not been communicated in writing.

Authorized by: _____

Authorized by: _____

Authorized by: _____

FOR OFFICIAL USE ONLY

Date Instructions received: _____

Verified By: _____