

I-Click CORPORATE INTERNET BANKING APPLICATION FORM

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

CUSTOMER DETAILS

Name of Company					
I&M Bank Home Branch					
Postal address			Postal Code		Town
Physical Address 1					
Physical Address 2					
	Name			Telephone No.	
Corporate Contact	Mobile No.			Email	
Certificate of Incorporati	ion / Business	Registration No.			4
Date of Incorporation					

PRIMARY ACCOUNT DETAILS

Indicate Corporate Primary [Main] Account number below (iClick service fee will be charged from this account)					
Full Account Number Currency Account Name					
	Kes				

CORPORATE OPERATIONS

Number of Corporate Administrator (Minimum 1)	Maximum Corporate	Kes	
Number of Corporate users	Daily Limit		

NB: The role of the administrator is to create, modify, maintain limits for the users. Administrator does not view or transact on accounts

CORPORATE ADMINISTRATOR DETAILS (Minimum 1 Administrator)

S. No.	Name	Designation	ID No.	Mobile No.	Email	Preferrred Admin User ID
1.						
2.						
3.						
4.						
5.						

DECLARATION

I/We request to enroll for I&M Bank Corporate Internet Banking (hereinafter referred to as "iClick") as per details provided above. I/we have read, understood and accepted the Terms and Conditions governing iClick. I/we accept that I/we are aware and agree to comply with the aforesaid Terms and Conditions as in force from time to time whenever accessing iClick.

AUTHORISATION BY ACCOUNT SIGNATORIES

S. No.	Name	Designation	ID No.	Mobile No.	Email	Preferrred Admin User ID
1.						
2.						
3.						
4.						
5.						

Terms and Conditions available at www.imbank.com. For information and queries call +254 (20) 3221 000 / +254 732 100 000 / +254 719 088 000 or Email: Customercare@imbank.co.ke

FOR BANK USE

(to be filled by Bank)	
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Bank Authorisation

Signatures and mandate verified by	Name	Date	
	Signature		
Approval by Branch Operations Manager	Name	Date	
	Signature		

Corporate ID Creation / Authorization

Created by:	Name	Date	
	Signature		
Verified by:	Name	Date	
	Signature		