

I&M MOBILE CUSTOMER DETAILS AMENDMENT FORM

I/we hereby apply for the I&M Next Generation Banking Facility, as per the following details.

Full Name			
Mobile Number			
Postal Address			
Primary Account Number			
Tick the type of change to b	oe done on the existing l&M Mobile info	rmation	
Addition Deletion			
Signature:			
Date://	(dd/mm/yyyy)		
FOR BANK USE ONLY			
F		Cimus turns	Data

	Full name	Signature	Date
Accounts & Signature verified by			
Approved by			
Input by			
Verified by			