



iCLICK PAYMENT ACTIVATION REQUEST FORM

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

NAME _____

P.O. BOX _____

TEL _____

DATE _____

TO

THE BRANCH MANAGER,

I&M BANK LIMITED.

BRANCH: _____

Dear Sir/Madam

RE:PAYMENT ACTIVATION REQUEST

I _____ request that you activate my payments module on the iClick Internet Banking platform.

My account number is _____

With thanks,

SIGNED BY:

Signatory Names

Signature

Date

1. _____

2. _____

3. _____

FOR OFFICIAL USE ONLY

Signature Verified by: _____

Approved by: _____