Prime Bank

APPLICATION FOR ELECTRONIC BANKING SERVICES

Date: _____

I/We hereby apply for the electronic banking services offered by Prime Bank Ltd

I/We maintain,

☐ CURRENT ☐ OVERDRAFT ☐ LOAN ☐ TERM DEPOSIT (Tick Appropriately)

accounts with Prime Bank and require a facility to view the accounts on-line and also effect funds transfer from these accounts. Details of the account/s are furnished herein below.

A. ACCOUNT DETAILS:

Customer Name: _____

Constitution:

☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ LIMITED COMPANY

OTHER (Specify) _____

Full Name(s)		Remarks Please Indicate against each name the Ownership/Authority as Individual/Sole-Proprietor/ Partner/Director/Other
1.		
2.		
3.		
4.		
5.		

B. ACCOUNTS WE WISH TO ACCESS ELECTRONIC BANKING SERVICE FOR VIEWING DETAILS/INPUTTING TRANSACTIONS :

PRIMARY CIF

Branch	Account Type	Currency	Account No.	Account Name

C. SERVICES REQUIRED FROM ELECTRONIC BANKING FACILITY IN RESPECT OF ACCOUNTS LISTED UNDER (B) ABOVE:

(Tick the box against the item selected)

☐ (a) View Transaction Details

☐ (b) View/Print Account Statement, Loan Account

☐ (c) View Term - Deposit Contract Details

☐ (d) Funds Transfer/Bill Payment within Bank

☐ (e) Funds Transfer/Bill Payment to account with other banks

☐ (f) KRA iTax Payment

☐ (g) Bulk Upload

☐ (h) Order New Cheque Book

☐ (i) Issue stop payment of cheque(s)

☐ (j) Source e-mail

☐ (k) Request for Banker's Cheque

☐ (l) Image of Paid Clearing Cheques

Prime Bank

D. FUNDS TRANSFER LIMITS:

Cumulative Maximum Amount which will be transfered by us on a business day through electronic banking (Daily Limit)

Currency _____ Amount _____

Recommended users for electronic banking and transaction limits:

No.	Name	PP/ ID No.	Currency	Funds Transfer Limits		
				Max. Amt. per transaction	Max. No. of transactions per day	Max. Amt. per day
1.						
2.						
3.						
4.						
5.						

E. CONTACT DETAILS:

(Persons who may be contacted by bank for confirmation of Transaction/account details)

	(1)	(2)
Name		
Telephone/Mobile No.		
Email Address		

DECLARATION:

I/We have read and understood the Terms and Conditions for using Electronic Banking Services. I accept and agree to be bound by the terms and conditions of use (as amended from time to time). **I confirm that I have read, understood and considered all the Terms and Conditions available at** https://www.primebank.co.ke/wp-content/uploads/2026/11/Electronic-Banking-Services.pdf **and found them to be fair and reasonable.** I/We also understand that any instruction sent through the Electronic Banking channel will be deemed to be made by the authorized signatories as per the Account Opening mandate.

Tick below to confirm acceptance

Terms & Conditions	Name	Position	Signature	Date
☐				
☐				
☐				

Prime Bank

FOR BANK USE ONLY

Branch Name: _____

Please tick below checklist for information provided by the Customer:

- ☐ Account details
- ☐ CIF ID
- ☐ Electronic Banking Services Selection (as on page 1)
- ☐ User List as per board resolution/certificate of registration
- ☐ Transaction Limits definition (Fund Transfer Limits if client opts for Transaction facility)
- ☐ Original Board resolution duly signed by the Directors (For limited companies), Copy of Business registration cert (Sole Proprietor) (This is to be attached onto the form)
- ☐ Contact details
- ☐ Customer Signature
- ☐ Branch Signatures

We have verified the details furnished in the application and confirm that the Signatures are as per the mandate and recommend to provide Electronic Banking Services Selection to the Customer

Assistant Manager	
Name	
Signature	
Date	

Branch Head	
Name	
Signature	
Date	

FOR E-BANKING TEAM USE ONLY

APPLICATION RECEIVED ON: _____

TOKEN URL GENERATED ON: _____

Created By	
Signature	
Date	

Authorized By	
Signature	
Date	

TOKEN URL DELIVERED TO CUSTOMER ON: _____

Sent by	
Signature	
Date	