

REMITA DEBIT CARD REQUEST FORM

A: CORPORATE DETAILS (To be filled in by the requesting organization)

Company Name:		
Primary Contact Name: <i>PAN Recipient</i>		
Phone Number:		
Email:		
Primary Authorised Signatory: <i>PIN Recipient</i>		
Phone Number		
Email:		
Please indicate below the details of your Company Account held with Bank.		
Account Name	Account Number	Account Type
		Savings <input type="checkbox"/> Current <input type="checkbox"/>

The following represents extracts from the Remita Terms and Conditions as contained on the www.remita.net website. If you have not done so, it is advised that you take time to review the full document.

By using Remita Services we agree:

1. That payment instructions to Zenith Bank by cheques, or any channel other than Remita, will continue to be subjected to all our current mandate instructions and confirmation rules.
2. To ensure appropriate signatories are setup on Remita to approve remittance instructions in accordance with our internal approval rules. We understand that these approval rules will be applied to all remittance instructions processed on Remita and therefore will not be subjected to telephone, e-mail or any other manual confirmation by the bank before transactions are completed.
3. To keep confidential all Remita security related information such as passwords, Access Codes and Personal Identification Numbers (PIN). We understand that SystemSpecs, Zenith Bank, their affiliates and service providers will never request us to divulge any of these pieces of information by phone, mail or any other means. We oblige to report any representation to the contrary to SystemSpecs and/or Zenith Bank promptly.
4. Except when caused by SystemSpecs' or Zenith Bank misconduct or gross negligence, to make best effort to protect SystemSpecs, Zenith Bank, their affiliates and service providers from any/and all third party claims, liability, damages, expenses and costs caused by or arising from use of the service.

We the undersigned on behalf of _____ agree to use Remita service in accordance with the above terms and conditions of service.

Authorised Signatories to the Account

Signature			
Name			
Position			
Date			

Received by me: (Zenith Bank Account Officer)

Name _____	Phone Number _____
Date _____	Signature _____

Please forward to Mr. Ayodele Awe, Zenith Heights, Ajoye Adeogun Street, Victoria Island, Lagos. Mobile: 08023157028

-----Please do not write below this line-----

B: REMITA ACCOUNT DETAILS (To be filled in by bank)

<i>Product IIN</i>								<i>CBN Code</i>			<i>Account ID + Check Digit (specified by bank)</i>							
6	2	8	0	5	1	1	2											
Card Sequence No:							Card Expiry Date:						/					
	Account Name		Account Number					Daily Withdrawal Limit			Account Type (Savings / Current)		A/C Attached to card (✓)					
1	Remita Account																	

Authorising Bank Official

Signature -----

Name -----