

Automated Banking Services Application Form

It is important that you complete this application form in full to enable us to offer you IBB's Telephone and/or Online Banking Services

Please complete in **BLOCK CAPITALS** and **black ink.** If you have any questions about this form, please call our Customer Services team on **0800 4080 786**, between 9.00am and 7.00pm, Monday to Friday, and between 9.00am and 1.00pm on Saturdays.

Please tick the follow	Please tick the following box(es) to indicate which service(s) you would like to join:																	
□ Onlir Servi		e Banking ce										ephone Banking vice						
Personal details	Personal details																	
Title		Mr	Mrs			Miss	Miss Ms		Dr		Other please state							
First name																		
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Account number														without without with the contract with the contr				
Your account number is the 8-digit number that appears on your statements)																		
Date of birth	D	D	M	IVI	Υ	Υ	Υ	Υ										
Postcode																		
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Phone number																		
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Signature																		
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Your signature must	Incorporated and registered in England and Wales with registration in 4483430. Registered office: Edgbaston House, 3 Duchess Place, Hag Road, Birmingham B16 8NH. Islamic Bank of Britain plc. is authorise and regulated by the Prudential Regulation Authority and the Financia and regulated by the Ordinate Authority.														, Hagle norised			