First Alliance Bank (Z) LTD
(Registered Commercial Bank)

Committed to your success

ZRA / NAPSA e - Payment Application Form

1. Customer and User Details

Customer Details

Customer Name :	
* Company TPIN Number :	*** NAPSA Employer No.**
Company Registration Number :	**Email:**
Contact Person Name	**Mobile No.**
Telephone No.:	

Nominated Paying Account Details

1 **Account Name:**	**Acct. Number**	**Branch:**
2 **Account Name:**	**Acct. Number**	**Branch:**

SYSTEM USER DETAILS

Transaction Initiator Details

Full Name	Email Address	Mobile No.	View Account Details (Yes/No)

Transaction Authorisers Details

Full Name	Email Address	Mobile No.	Signature Type (A/B)	Transaction Limit

2. Authorisation Rules

One Authorisation	
Two Authorisation	

* Note Copy of TPIN Certifcate to be attached

3. Signatures (Authorised Signatories)

Signature 1

Name:

Signature   Date:

Signature 2

Name:

Signature   Date:

Signature 3

Name:

Signature   Date:

Signature 4

Name:

Signature   Date:

For Bank Use Only

Checked By Name:

Signature: Date: