



ZRA/NAPSA/NHIMA online payment Application Form

1. Customer and User Details

Customer Details

Customer Name :			
* Company TPIN Number :		* NAPSA Employer No.	
Contact Person Name		* NHIMA Employer No.	
Telephone No.:		Mobile No.	
Account Type	Retail / Individual:	Corporate:	Subsidiary:

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 Certificate 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: