

Please complete this section with information about your organization

COMPANY GENERAL INFORMATION		SECTION 1
Type of Company / Organization		
<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Partnership	RC No: <input type="text"/>
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-profit Organization	Fax No: <input type="text"/>
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Religious Organization	Tel No(s): <input type="text"/>
<input type="checkbox"/> Government	<input type="checkbox"/> Other (specify).....	e-mail: <input type="text"/>

Office Address		
Postal Address		
Website	Date Registered	DD - MM - YYYY

CONTACT INFORMATION		SECTION 2
Primary Contact Person	Designation	
Address		
Tel No(s):	<input type="text"/>	
e-mail:	<input type="text"/>	
Secondary Contact Person	Designation	
Address		
Tel No(s):	<input type="text"/>	
e-mail:	<input type="text"/>	

PAYMENT REQUIREMENTS		SECTION 3
i Number of users to access the application	<input type="text"/>	
ii Number of Initiators	<input type="text"/>	
iii Number of Levels of Authorization	<input type="text"/>	

COMPANY PROFILE

SECTION

4

Preferred Corporate ID:

Login Time Restriction:

Daily Transaction Limit

BANK ACCOUNT INFORMATION

SECTION

5

State default debit account

Number of Signatories to account

Account Name:

Account Type: Current Savings

Other Accounts to be configured

Relationship Officer:

Experience Center

Business Segment

ADMIN PROFILE SETUP

SECTION

6

User's Particulars

**Note: Kindly fill this section ONLY IF users will be created by your Company*

Name:

e-Mail:

Preferred Login Name:

Date of Birth: DD - MM - YYYY

Phone No:

Initiator Authorizer

User's Particulars

Name:

e-Mail:

Preferred Login Name:

Date of Birth: DD - MM - YYYY

Phone No:

Initiator Authorizer

**Note: Where Preferred Login Name is not available, a name shall be assigned by the Bank and communicated to User*

User's Particulars

**Note: Authorizers should be according to Mandate supplied to the Bank*

Name:	<input type="text"/>	e-Mail:	<input type="text"/>
Preferred Login Name:	<input type="text"/>	Date of Birth:	DD - MM - YYYY
Phone No:	<input type="text"/>	Initiator	<input type="checkbox"/>
		Authorizer	<input type="checkbox"/>
Limit of Authorizer:	<input type="text"/>		

User's Particulars

Name:	<input type="text"/>	e-Mail:	<input type="text"/>
Preferred Login Name:	<input type="text"/>	Date of Birth:	DD - MM - YYYY
Phone No:	<input type="text"/>	Initiator	<input type="checkbox"/>
		Authorizer	<input type="checkbox"/>
Limit of Authorizer:	<input type="text"/>		

User's Particulars

Name:	<input type="text"/>	e-Mail:	<input type="text"/>
Preferred Login Name:	<input type="text"/>	Date of Birth:	DD - MM - YYYY
Phone No:	<input type="text"/>	Initiator	<input type="checkbox"/>
		Authorizer	<input type="checkbox"/>
Limit of Authorizer:	<input type="text"/>		

User's Particulars

Name:	<input type="text"/>	e-Mail:	<input type="text"/>
Preferred Login Name:	<input type="text"/>	Date of Birth:	DD - MM - YYYY
Phone No:	<input type="text"/>	Initiator	<input type="checkbox"/>
		Authorizer	<input type="checkbox"/>
Limit of Authorizer:	<input type="text"/>		

User's Particulars

Name:	<input type="text"/>	e-Mail:	<input type="text"/>
Preferred Login Name:	<input type="text"/>	Date of Birth:	DD - MM - YYYY
Phone No:	<input type="text"/>	Initiator	<input type="checkbox"/>
		Authorizer	<input type="checkbox"/>
Limit of Authorizer:	<input type="text"/>		

**Note: Where Preferred Login Name is not available, a name shall be assigned by the Bank and communicated to User*

We agree that all authorizers shall be set up on the Corporate Internet Banking platform in accordance with the Bank's mandate and that only Signatories to the account (s) shall be set up as authorizer(s) except where the board resolution authorizing such persons to act in that capacity is submitted to Heritage Banking Company Limited (the Bank).

We expressly agree to be legally bound by the payment instruction we send through the System with the Bank.

We agree that we will have the responsibility of promptly checking the correctness of the debit entries of the designated account(s) as well as notifying the Bank of any errors so discovered within 48 hours.

We understand that the Bank reserves the right to revoke, block or permanently disallow the use of Heritage Pay facility without prior notice to us.

The Bank shall not be held responsible for any loss, liability or damage caused by our errors and mistakes or processing failures as a consequence of machine/computer malfunction due to fortuitous events/force majeure or analogous causes and will be held free and harmless from claims, suits, costs and damages attributable thereto.

The Bank shall not be held responsible for any loss, liability or damage caused by errors or mistakes of user and shall be held free and harmless from claims, suits, costs and damages attributable to the users.

We do hereby indemnify and forever keep indemnifying the Bank and its successors and assigns from and against any and all claims actions and penalties that may be made suffered or incurred by the Bank by reason of noncompliance of any of the terms & conditions for the use of the internet banking service as contained on the Bank's website.

Furthermore, the Bank shall not be made party to any dispute nor be held answerable for any liability in connection with, or arising out of, or in relation to any transactions covered by this HeritagePay User Registration Form.

Authorized Signatory

Authorized Signatory

COMPANY SEAL/STAMP

FOR OFFICIAL USE ONLY

Customer CIF: _____

Experience Associate: _____ Date: _____

Sign

CSE Name: _____ Date: _____

Sign

e-Bank Service Officer: _____ Date: _____

Sign

Head e-Bank Services: _____ Date: _____

Sign