



Please complete, sign below and submit to your nearest service centre.

A PLATFORM

Please tick the box against the platform concerned:

- Mo626ice
 Mo626 Digital+

B CUSTOMER DETAILS

Customer Name:	Existing Phone Number:
Main Account Number:	Email Address

C CHANGE REQUIRED

Please tick the box against the change you require

- | | | | |
|--|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> PIN Reset | <input type="checkbox"/> M-Pin | <input type="checkbox"/> T-Pin | <input type="checkbox"/> Account Addition/ Removal |
| <input type="checkbox"/> Device Reset | | | <input type="checkbox"/> Change Contact Details |
| <input type="checkbox"/> Addition of Services | | | <input type="checkbox"/> Unblock Profile |
| <input type="checkbox"/> Change Contact Phone Number | | | <input type="checkbox"/> Other (Specify) |

D ACCOUNT AND/OR PHONE NUMBER ADDITION/REMOVAL

Please add/ remove the following accounts to/ from my Mo626 profile:

ACTION Add/Remove	ACCOUNT NUMBER	PHONE NUMBER	ACCOUNT TYPE (e.g. Current, Call, FCDA, etc.)	CURRENCY

E CHANGE CONTACT DETAILS

	CURRENT DETAILS	NEW DETAILS
Physical Address		
Postal Address		
Phone Numbers		
Email Address		

F SERVICES TO ADD ON Mo626ice

Balance Enquiry	Add <input type="checkbox"/>	Remove <input type="checkbox"/>	Cheque Book Request	Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Mobile Top-Up	<input type="checkbox"/>	<input type="checkbox"/>	Bill Payments	<input type="checkbox"/>	<input type="checkbox"/>
Transaction Enquiry	<input type="checkbox"/>	<input type="checkbox"/>	Stop Payments	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfers/ Third party Payments	<input type="checkbox"/>	<input type="checkbox"/>			

G OTHER CHANGES REQUIRED

Please specify the change required below

I confirm the foregoing information

 Authorised Signatory

FOR BANK USE

Approved

Declined

Date Profile Created _____

Mo626 Team Leader

Manager, Mobile Bankng