



REMITA CARD REQUEST FORM (Personal)



A: Personal Details:

<b>Name:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Contact Address:</b>	

B: Please indicate below, the details of your Account held with Zenith Bank.

Bank Branch:		<b>Account Type</b>	
Account No.:		Savings <input type="checkbox"/>	Current <input type="checkbox"/>

C: The following represents extracts from the Remita Terms and Conditions as contained on the www.remita.net website. If you have not done so, it is advised that you take time to review the full document.

By using Remita Services I agree:

1. That payment instructions to Zenith Bank by cheques, or any channel other than Remita, will continue to be subjected to all my current mandate instructions and confirmation rules.
2. To ensure my appropriate signatory is setup on Remita to approve remittance instructions in accordance with my mandate. I understand that the rules will be applied to all remittance instructions. These instructions will not be subjected to additional telephone, e-mail or any other manual confirmation by the bank before my account is debited and the transactions executed by Remita via ChamsSwitch, eTranzact, InterSwitch or RTGS.
3. To keep confidential all Remita security related information such as passwords, Access Codes and Personal Identification Numbers (PIN). I understand that SystemSpecs, Zenith Bank, their affiliates and service providers will never request me to divulge any of these pieces of information by phone, mail or any other means. I oblige to report any representation to the contrary to SystemSpecs and/or Zenith Bank promptly.
4. Except when caused by SystemSpecs' or Zenith Bank's misconduct or gross negligence, to make best effort to protect SystemSpecs, Zenith Bank, their affiliates and service providers from any/and all third party claims, liability, damages, expenses and costs caused by or arising from use of the service.

D: I, the undersigned, agree to use Remita service in accordance with the above terms and conditions of service.

**Authorised Signatory to the Account**

Signature -----  
Name -----  
Date -----

Please submit the completed form to your Account Officer and send an acknowledge copy to [support@remita.net](mailto:support@remita.net)

-----Please do not write below this line-----

E: **Received by me: (Zenith Bank Account Officer)**

Name ----- Phone Number -----  
Date ----- Signature -----

**INSTRUCTION TO THE ACCOUNT OFFICER**

Please forward completed form to Zenith Heights, Ajose Adeogun Street, Victoria Island, Lagos.

**E: REMITA ACCOUNT DETAILS** (To be filled in by bank)

<i>Product IIN</i>							<i>CBN Code</i>			<i>Account ID + Check Digit (specified by bank)</i>							
6	2	8	0	5	1	1	2										
<b>Card Sequence No:</b>							<b>Card Expiry Date:</b>					/					
	<b>Account Name</b>	<b>Account Number</b>					<b>Daily Withdrawal Limit</b>	<b>Account Type</b> (Savings / Current)	<b>A/C Attached to card</b> (✓)								
1	Remita Account																

**Authorising Bank Official**

Signature -----

Name -----