



REMITA CARD REQUEST FORM (Personal)



A: Personal Details:

Name:	
Phone Number:	
Email:	
Contact Address:	

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

Bank Branch:		Account Type	
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 Standard Chartered 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, Standard Chartered 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 Standard Chartered Bank promptly.
4. Except when caused by SystemSpecs' or Standard Chartered Bank's misconduct or gross negligence, to make best effort to protect SystemSpecs, Standard Chartered 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

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

E: Received by me: (Standard Chartered Bank Account Officer)

Name -----

Phone Number -----

Date -----

Signature -----

INSTRUCTION TO THE ACCOUNT OFFICER

Please forward completed form to Standard Chartered Bank, 142 Ahmadu Bello Way, Victoria Island, Lagos, Tel: +234 1 270 0025, 270 4600

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

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

Authorising Bank Official

Signature -----

Name -----