

**Joint Account Internet Banking Application Form**

Account Name

Account Number

We wish to apply for access to the Internet Banking Service of Turkish Bank (UK) Ltd. and request that the following Account Holder be made an authorised user.

Full Name

Address

Post Code

Mobile Number

Work Phone Number

Home Phone Number

Fax Number

E-mail Address

**Please contact him/her and advise initial password details by:** (Please tick one or more options below)

Telephone (during banking hours)

E-mail at my e-mail address stated above

Fax on number stated above

Post at my home address

We have obtained a copy of the Internet Banking User Guide and we will follow the procedure for setting up access to this service as described therein. We also have read and agreed to abide by the Terms & Conditions regarding the Internet Banking Service of Turkish Bank (UK) Limited.

**Signed:** .....**Date:** .....**Signed:** .....**Date:** .....

NB. One joint account Internet Banking application form is required for each authorised user (Account Holder). If you wish to authorise another person to have access to your bank account details on-line (e.g. your Accountant) you can do this by completing an additional authorised user form.



**Additional Authorised User Form for Joint Account Internet Banking Access**

Account Name

Account Number

We, the above mentioned Account Holders, wish to authorise the following person to have "View Only" access to our banking details through the Internet Banking Service of Turkish Bank (UK) Ltd.

**Details of Additional User:**

Title

Full Name

Address

Post Code

Mobile Number

Work Phone Number

Home Phone Number

Fax Number

E-mail Address

**Signed:** ..... (Account Holder)    **Date:** .....

**Signed:** ..... (Account Holder)    **Date:** .....

**Signed:** ..... (Account Holder)    **Date:** .....

I have obtained a copy of the Internet Customer User Guide, read and agreed to abide by the Terms & Conditions regarding the Internet Banking Service of Turkish Bank (UK) Ltd.

**Please contact him/her and advise initial password details by:** (Please tick one or more options below)

- Telephoning (during banking hours)
- E-mail at my E-mail address stated above
- Fax on number stated above
- Post at my home address

**Date:** .....

**Name:** .....

**Signed:** .....

(to be signed by the additional authorised user)

NB. All parties to the Joint Account must sign this form authorising the additional user to have access to our account information on-line.