



Partnership Additional Authoriser Form

We (the company), Account no.....

Wish to authorise the following additional representative to access the Internet Banking Service of Turkish Bank (UK) Ltd.

*with full authority to operate the firm’s account(s) / view only access (*delete appropriate)

Title:

Name and Surname:

Mobile number:

Email Address:

For and on behalf of (the firm)
(to be signed by authorised signatory in accordance with the company mandate)

	<u>Account No</u>	<u>Limitation</u>		
1	<input type="checkbox"/> Only view	<input type="checkbox"/> Between Accounts	<input type="checkbox"/> Full transactions
2	<input type="checkbox"/> Only view	<input type="checkbox"/> Between Accounts	<input type="checkbox"/> Full transactions
3	<input type="checkbox"/> Only view	<input type="checkbox"/> Between Accounts	<input type="checkbox"/> Full transactions
4	<input type="checkbox"/> Only view	<input type="checkbox"/> Between Accounts	<input type="checkbox"/> Full transactions

Signed:

Date:

The Bank mandate must allow the authorised user to sign individually on the firm’s account(s), otherwise “view only” access can be permitted

Please visit our web page (www.turkishbank.co.uk) to read the Terms & Conditions regarding the Internet Banking Services of Turkish Bank (UK) Ltd.

Name and Surname:
(to be signed by the additional authorised user)

Signed:

Date: