

## **Partnership Internet Banking Application Form**

We (The firm), Account Number wish to apply for Internet Banking Service of Turkish Bank (UK) Ltd.
We hereby authorise the following person to be our authorised user to access the Internet Banking Service of Turkish Bank UK. *with full authority operate the firm's account(s)/view only access.
(* delete as appropriate)
Title
Name and Surname
Address
Post Code
Mobile Number
Work Phone Number
Home Phone Number
Fax Number
Please contact the authorised user and advise initial password by: (Please tick one or more options below)
☐ Telephone (during banking hours)
<ul> <li>E-mail at my e-mail address stated above</li> </ul>
☐ Fax on number stated above
☐ Post at my home address
NB.  If an additional authorised user(s) is/are required to access the service an Additional Authorised User form should be completed for each person and attached hereto. 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 have read and agreed to abide by the Terms & Conditions regarding the Internet Service of Turkish Bank UK.
For & on behalf of
Signed:
Date:
(To be signed in accordance with the Bank Mandate)

NB. The Bank Mandate must allow the authorised user to sign individually the firm's account(s) otherwise "View Only" access can be permitted.



## **Additional Authorised User Form**

We
Title
Name and Surname
Address
Post Code
Mobile Number
Work Phone Number
Home Phone Number
Fax Number
For & on behalf of
Signed:
Date:
NB. The Bank Mandate must allow the authorised user to sign individually on the firm's account (s) otherwise "View Only" access can be permitted. I have obtained a copy of the Internet Banking User Guide to follow. I have read and agreed to abide by the Terms & Conditions.
Name: (To be signed by the additional authorised user)
Signed:
Data