



Gibraltar
International Bank

Corporate Online Banking Individual User form

This form will allow you to assign and amend services assigned to an individual's online access. Please note that one form should be completed for each individual user

Please complete in BLOCK CAPITALS using a black or blue ballpoint pen.

This application form contains seven sections:

Section 1: Client Details

Section 2: Individual User Details

Section 3: Accounts required Online

Section 4: Levels of Approval

Section 5: Payment Options

Section 6: Client Confirmation

Application Checklist

Before submitting this form, please ensure that:

- The form has been signed by the Directors or as per Bank mandate.
- The Primary User has signed the form.
- You confirm that you have read and understood the Business Online Banking Terms & Conditions.

Important Information:

- The information provided on this form will be used for providing you with the Digital banking service.
- For **Non-Gibraltar / UK / EU** mobile numbers please contact our Client Services Support Team on **+350 20013900** or email **gibraltar@gibintbank.gi** before completing this form.

Section 1 - Client Details:

Company Name:

Company Address:

Section 2 - Individual user details:

Please complete separate forms for all individuals that you wish to grant access to online banking

Title:

Mr Mrs Miss Ms Dr Other

Name:

Date of Birth:

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Place of Birth:

Nationality:

Address:

Country:

Postcode:

Telephone:

Mobile Number:

Email:

Section 3 - Account required online:

Please provide a list of all accounts to be added to your online platform :

Intermediaries or Group of Corporates Accounts requirement:

Is this individual to be linked to an existing Intermediary or group? Yes No

Please note by ticking “**YES**” the Bank will automatically link the **USER** under your firms’ main ebanking platform to this new account, unless otherwise specified to the Bank in writing.

(If YES please complete details in space provided below)

Include main account / office account used by the Intermediary or Group

Specify the name of platform if available

Section 4 - Levels of Approval:

Please select Online Services required:

View Only (Balance and transactions)

Payment Options

*Section 6 is mandatory for this option

Notes to help you complete the form (Payment Approval Scenarios)

If you are a Maker

No Approval

- No action required, as the maker is not authorised to approve payments.

One-Level Approval

- Maker initiates the payment.
- One authoriser must approve the payment.

Two-Level Approval

- Maker initiates the payment.
- Two authorisers must approve the payment.

If you are an Authoriser

No Approval

- Authoriser initiates the payment
- No action required, as the payment will be processed without authorisation.

One-Level Approval

- Authoriser initiates the payment
- No authorisation required, as the authoriser already serves as the level of approval.

Two-Level Approval

- Authoriser initiates the payment
- One authoriser must approve the payment.

Section 5 - Payment Options:

Please select options required:

Tick option required

Option	Definition	Tick option required
Viewer	View only	
Maker	View and Input	
Approver/ Checker	View, Input and Authorise	

Individual Assigned to Online Banking

Full Name

Signature

Date

 | |

Section 6 - Client Confirmation:

I/We confirm the appointment of new individual user signed in accordance with the Corporate Mandate or Directors.

Where I/we provide personal and financial information about an individual user I/we confirm that I/we have their consent, or I/we are otherwise entitled to provide this information to you and for you to use it in providing the Online Banking service.

I/we authorise you to process information about a user as follows:

(i) Identity (including searching the Electoral Register), money laundering and other checks using credit reference agencies or otherwise. Such checks may be carried out at any time; and

(ii) Where we transfer your information to a service provider or agent in another country (including, without limitation, countries outside the European Economic Area), we will make sure the service provider or agent agrees to apply the same levels of protection as we are required to apply to your information and to use your information in accordance with our instructions.

For and on behalf of: **Company Name**

1. Full Name

Signature

Date

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2. Full Name

Signature

Date

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