

Authorised Signatory/Agent Introduction Form



Branch _____

Date: DD ____/MM ____/YY ____

**The Manager/Operations Manager,
MyBank Limited
P.O. Box 1111
Mogadishu, Somalia.**

Dear Sir/Madam,

Ref: Introduction of (Please “✓” one): **Account Signatory** **Account Agent**

1. Account details:

Account name _____ Account no. _____

2. New signatory/agent details

I/WE wish to hereby introduce the below detailed account signatory/agent:

Full Names: Mr/Mrs/Miss/ _____

ID/Passport No. _____ Issued by the Government of _____

Address: _____ Telephone/mobile No. _____

E-mail _____ Account signatory/agent specimen

_____ Signature _____

3. Authorized agent/signatory activities (put “✓” in front of the authorized activity or “X” to decline activity in the table):

Put “✓” or “X”	Activity	Please “✓” where appropriate	
		All of my/our accounts	Specific account no.
	Balance enquiries		
	Statement collection		
	Atm card collection		
	Cheque book collection		
	Sign cheques/other payment instructions		

Full Names: Mr/Mrs/Miss/ _____ Signature _____

Full Names: Mr/Mrs/Miss/ _____ Signature _____

5. For bank use only

Request received by:

Name	Date received	Signature

Request verified and approved by:

Name	Date approved	Signature

Nagala soo xariir

7777 (For Local Calls) +252 1 847777 (For International Calls) 252 61 3737777 (For WhatsApp Chat)

E-mail: info@mybank.so | www.mybank.so

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Laanta _____

Taariikh: DD____/MM____/YY____

**Maamulaha/Operations Managerka,
MyBank Limited
P.O Box 1111
Mogadishu, Somalia.**

Mudane/Marwo,

Ujeedo: Soo gudbinta (Mid saar “✓”) si aad u doorato

Qof saxiixa akoonkayga/keenna Wakiil kale oo akoonkayga/keenna

1. Faahfaahinta akoonka:

Magaca ku qoran akoonka: _____ Lambarka akoonka: _____

2. Faahfaahinta saxiixaha/wakiilka cusub

Waxaan halkan ku soo gudbinayaa/gudbinaynaa saxiixaha/wakiilka akoonkeenna ee faahfaahintiisu tahay:

Magaca oo saddexan _____

ID/Passport No. _____ Ee ay soo saartay dawladda _____

Cinwaanka wakiilka/saxiixaha akoonka: _____ Telephone/mobile No. _____

_____ E-mail _____

Saxiixa wakiilka/saxiixaha akoonka _____

3. Hawlaha loo fasaxay in uu wakiilka/saxiixaha akoonku saxiixo (Qodob kasta hortiisa ku qor “✓” si aad adeeggaas ugu fasaxdo wakiilka/saxiixaha ama “X” si aad ugu diiddo):

Ku qor “✓” ama “X”	Hawsha	Akoonnada amarkani quseeyo (Ku hor qor “✓”)	
		Akoonnadayda oo idil	Keliya akoon-ka lambarkiisu yahay
	Ogaanshaha lacagta ku jirta akoonka		
	Soo qaadista Statement la ii/naloo daabacay		
	Soo qaadista ATM card la ii/naloo daabacay		
	Soo qaadista cheque book la ii/naloo daabacay		
	Saxiixa jeegagga/Hababka kale ee amarrada lacag bixinta		

Magaca oo saddexan _____ Saxiixa _____

Magaca oo saddexan _____ Saxiixa _____

5. Gaybtaan waxaa adeegsanaya bankiga:

Codsiga waxaa guddoomay:

Magaca	Taariikhda la guddoomay	Saxiixa

Codsiga waxaa ansixiyay:

Magaca	Taariikhda la ansixiyay	Saxiixa

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