



Annex 3: CRDB INTERNET BANKING RESET FORM

CRDB INTERNET BANKING RESET FORM (PLEASE TICK)

- I. HARD TOKEN()
- II. MOTP()
- III. PASSWORD()

Branch: _____ Date: ____/____/____ (Day, Month, Year)

Customer Details:

Account Name; First name.....Second name.....

Surname:

Account Number:

Registered Mobile Telephone Number:.....

Registered Email Address.....

DECLARATION BY THE APPLICANT:

I hereby wish to reset my Internet Banking reset from CRDB Bank Burundi S.A. I accept and agree to be bound by the terms and conditions of use for Internet Banking. I accept that at any time the bank may vary the terms and conditions of Internet Banking without notice. I hereby waive any right of contestation in respect thereof and agree to be bound by the same. I warrant that the information given above is true and correct. I understand that the Bank reserves the right to decline the application without giving reason(s).

Signature..... Date:

FOR BRANCH OFFICIAL USE ONLY:

Verified by:

Name of officer. Signature:

Authorized by:

Departmental Manager

Name.....Signature..... Signature Code:Date:.....

NB: Once completed by branch please email it to Banking Operations department

DIGITAL BANKING DIVISION:

The form has been checked and found to be correct for reset of Internet Banking password details in the system.

Name of Maker.....Signature.....Date:

Authorized by:

Name of Checker: Signature:Date: