Habib Bank AG Zurich

OTP Registration for HBZweb *(Online Banking Service)*

Fill in BLOCK *letters and check* ☑ *where appropriate*

Date ____ ____ ____
day *month* *year*

The Manager,

_____ Branch,

Kenya.

CUSTOMER REFERENCE - TOKEN REGISTRATION

(1) Customer account number 0 9 -
20 digits

Account title _____

(2) Customer account number 0 9 -
20 digits

Account title _____

(3) Customer account number 0 9 -
20 digits

Account title _____

HBZweb Login/User name *(case sensitive)* _____ Email ID +254 _____

Email ID _____ @ _____

Dear Sir/Madam,

I/We hereby request for the HBZOtp Service for the account*(s)* mentioned above.

I/We understand that to utilise the HBZweb service, I/we will have to register our mobile device number*(s)* and email address*(es)* to receive OTP's. The OTP will be generated automatically and sent to our registered mobile device*(s)* and email address*(es)* wherever a Third Party Fund Transfer is made. The HBZOtp is valid for each HBZweb login session. Each OTP request carries a specific reference number and must be used within 10 minutes of receipt. The OTP's generated do not attract any charges.

If you require notification when a log on to your account on the web is made please go to the HBZweb once you have subscribed on this form and access the "**Profile**" option at the top. On the next page tick the box marked "**Send SMS on hPLUS web login**"

I/we indemnify the Bank against:

a) Unauthorised use of the account information being transmitted over the SMS network including but not limited to the Customer's account details being disclosed to others due to the Customer specifying an incorrect mobile device number or misplacing the SMS mobile device.
b) Any network failure/error by the Customer's mobile device service provider.

I/we understand that:

a) An SMS message will not be delivered, if the mobile device is switched-off for an extended period.
b) The SMS service can be discontinued by the Bank at its discretion at any time, without any prior notification to the Customer.

I/We authorize the Bank to recover the charges, as detailed in the Banks Schedule of Charges, for SMS's sent by the Bank by debiting my/our account periodically.

Yours faithfully.

Authorized Signatory 1	*Authorized Signatory 2*	*Authorized Signatory 3*
Name	*Name*	*Name*
Date ____ ____ ____ *day month year*	Date ____ ____ ____ *day month year*	Date ____ ____ ____ *day month year*

FOR OFFICE USE

SV

signature

Verified by _____

NOTE:
- In the case of multiple signatories, authorized signatories must sign as per the account mandate
- The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.