DIRECT/ MOBILE BANKING DATA
ENTRY FORM

1	CHANNEL																													
2	CHANNEL USER																													
3	CARD NUMBER																													
4	NAME																													
5	ADDRESS																													
6	ADDRESS																													
7	ADDRESS																													
8	EMAIL ADDRESS																													
9	TELEPHONE #																													
10	CIF TO BE ADDED																													
11	ROLE																													
12	P/WORD RETRIES (03)																													
13	# OF A/C HOLDERS																													

SECURITY QUESTIONS: PLEASE ANSWER ANY THREE QUESTIONS BELOW.

1. What is the maiden name of your mother? ……
2. What is the name of your first employer?.....
3. What is your favourite colour?.....
4. Who is your favourite singer?.....
5. Where did you go on your Honeymoon?.....
6. Where is your favourite travel destination?.....
7. What was your dream job as a child?.....
8. What is the name of your first child?.....
9. What is the first name of your spouse?.....
10. What is the colour of your first car?.....
11. What is the colour of your house?.....
12. What is the name of the Primary School you attended?.....
13. What is your present occupation?.....

	ACCOUNT #										
A)											
B)											
C)											
D)											
E)											
F)											
G)											
H)											
I)											
J)											

A/C TYPE			

ID#/PP#

DD

DOB

CUSTOMER'S SIGNATURE…….

FOR INTERNAL USE ONLY

_____ PREPARED BY

_____ CHECKED BY

_____ SUPERVISOR'S SIGNATURE

DATE _____

www.gbtibank.com

DIRECT/MOBLIE BANKING

ENCODED BY _____

AUTHORISED BY _____

DATE _____

SWITCHWARE

ENCODED BY _____

CHECKED BY_____

DATE _____