

USSD WHITELISTING

Date:

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Y

Y

Y

Y

Account Name

Account NumberBranch

Phone Number

Email Address

I/We request for the whitelisting of the phone number on my account to enable us transact on USSD.

Authorised signatory

FOR BANK USE ONLY

SV Stamp

Staff IDStaff ID

Signature & DateSignature & Date

HNFT StampHBS Stamp