DTB | DIAMOND TRUST BANK

Internet Banking Individual/Business (i24/7) Additional User Form

Date ☐☐/☐☐/☐☐☐☐

CUSTOMER DETAILS

Account Name	
E-mail Address	
Telephone Number	Mobile Number

ACCOUNTS DETAILS

	Account Name	Account Number
1.		
2.		
3.		
4.		
5.		

Note (i) The service's provided will operate under the existing account mandate at a minimum.
(ii) Any changes to mandate must be advised in writing and updated in core banking system.
(iii) Transaction limit enhancement for amount exceeding KES 20 Million must be supported by a written instruction.

USER PROFILE 1

First Name	Last Name	Designation
E-mail Address	Mobile No.	

User Role (Please tick(✓)where applicable)

☐ Maker ☐ Verifier ☐ Authorizer ☐ View Statement ☐ Manage Users

Access all accounts? ____ (Y/N)

If no, please specify allowed accounts _____

USER PROFILE 2

First Name	Last Name	Designation
E-mail Address	Mobile No.	

User Role (Please tick(✓)where applicable)

☐ Maker ☐ Verifier ☐ Authorizer ☐ View Statement ☐ Manage Users

Access all accounts? ____ (Y/N)

If no, please specify allowed accounts _____

USER PROFILE 3

First Name	Last Name	Designation
E-mail Address	Mobile No.	

User Role (Please tick(✓)where applicable)

☐ Maker ☐ Verifier ☐ Authorizer ☐ View Statement ☐ Manage Users

Access all accounts? ____ (Y/N)

If no, please specify allowed accounts _____

USER PROFILE 4

First Name	Last Name	Designation
E-mail Address	Mobile No.	

User Role (Please tick(✓)where applicable)

☐ Maker ☐ Verifier ☐ Authorizer ☐ View Statement ☐ Manage Users

Access all accounts? ____ (Y/N)

If no, please specify allowed accounts _____

USER PROFILE 5

First Name	Last Name	Designation
E-mail Address	Mobile No.	

User Role (Please tick(✓)where applicable)

☐ Maker ☐ Verifier ☐ Authorizer ☐ View Statement ☐ Manage Users

Access all accounts? ____ (Y/N)

If no, please specify allowed accounts _____

USER PROFILE 6

First Name	Last Name	Designation
E-mail Address	Mobile No.	

User Role (Please tick(✓)where applicable)

☐ Maker ☐ Verifier ☐ Authorizer ☐ View Statement ☐ Manage Users

Access all accounts? ____ (Y/N)

If no, please specify allowed accounts _____

CONFIRMATION BY AUTHORIZED SIGNATORY

By signing below, I/we acknowledge that I/we am/are authorised signatory(s) of the account(s) indicated above and that the information provided herein is correct and true to the best of my/our knowledge and I/we endorse the instruction set forth in this document.

Authorised Signatory Name	Signature	☐☐/☐☐/☐☐☐☐ Date
Authorised Signatory Name	Signature	☐☐/☐☐/☐☐☐☐ Date
Authorised Signatory Name	Signature	☐☐/☐☐/☐☐☐☐ Date

FOR BANK USE ONLY

Corporate Code	CIF ID	Authorisation mandate confirmed and created as per core banking system	
Input by	(Name)	(Date)	(Signature)
Authorised by	(Name)	(Date)	(Signature)

Additional Comments