

**ELECTRONIC SERVICES APPLICATION**  
**Including BANK@bility and**  
**BANK@bility Lite**



Date \_\_\_\_\_

**1. TYPE OF APPLICATION**

**BANK@bility**   
 (Single / Multiple User/s)

**BANK@bility.Lite**   
 (Single User ONLY)

**Staff**

**Individual**

**Commercial**

**Corporate**

**2. PROFILE INFORMATION**

Profile name: (Applicant) \_\_\_\_\_

Registration/Identity number \_\_\_\_\_

Physical address \_\_\_\_\_

Postal Address \_\_\_\_\_

**ONLY applicable to BANK@bility:**

Do you require more than 1 signatory to release payments on BANK@bility? YES  NO

(Note: Mercantile will create the System Administrator and this user would then be responsible for creating any additional signatories which are required)

\*\*\*If YES tick Option 2 – Multiple Users

\*\*\*If NO tick Option 1 – Single User

**3.  OPTION 1: SINGLE USER TO OPERATE: (Single System Administrator and single release of payments)**

Electronic Services System Administrator

(The user who will maintain and have full rights on the system and will be responsible for creating any additional users which are required)

Full name: \_\_\_\_\_

Identity number \_\_\_\_\_

**BANK@bility/BANK@bility.Lite** Username: \_\_\_\_\_

**(we recommend that the Username is not easily associated with yourself or your interests – Username must be minimum 6 to 8 characters)**

What is your mothers' maiden name? \_\_\_\_\_

Contact Number/s: (.....) \_\_\_\_\_ / \_\_\_\_\_

Fax Number: (.....) \_\_\_\_\_

Email Address: \_\_\_\_\_

**4.  OPTION 2: MULTIPLE USERS TO OPERATE: (Two System Administrators and joint release of payments)**

Electronic Services **Main** System Administrator

(The user who will maintain and have full rights on the system and will be responsible for creating any additional users which are required)

Full name: \_\_\_\_\_

Identity number \_\_\_\_\_

Applicant/s initials \_\_\_\_\_

BM/SSM Initial \_\_\_\_\_

**BANK@bility** Username: \_\_\_\_\_

(we recommend that the Username is not easily associated with yourself or your interests – Username must be minimum 6 to 8 characters)

What is your mothers' maiden name? \_\_\_\_\_

Contact Number/s: (.....) \_\_\_\_\_ / \_\_\_\_\_

Fax Number: (.....) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Electronic Services Supporting System Administrator**

(The user who will maintain and have full rights on the system and will be responsible for creating any additional users which are required)

Full name: \_\_\_\_\_

Identity number \_\_\_\_\_

**BANK@bility** Username: \_\_\_\_\_

(we recommend that the Username is not easily associated with yourself or your interests – Username must be minimum 6 to 8 characters)

What is your mothers' maiden name? \_\_\_\_\_

Contact Number/s: (.....) \_\_\_\_\_ / \_\_\_\_\_

Fax Number: (.....) \_\_\_\_\_

Email Address: \_\_\_\_\_

**5. ELECTRONIC SERVICES LIMITS**

**BANK@bility** Daily limits R \_\_\_\_\_ (Optional daily aggregate limit of third party payments)

**6. TO WHICH MODULES WOULD YOU LIKE TO HAVE ACCESS? (Mark the applicable boxes with a cross)**

BANK@bility Module 1 Basic/Mandatory	<input type="checkbox"/>	BANK@bility Module 2 Tools	<input type="checkbox"/>	BANK@bility Module 4 Balance Orders	<input type="checkbox"/>	BANK@bility Module 5 Non-Nominated Payments	<input type="checkbox"/>
BANK@bility Module 6 Batch Payments & Salaries	<input type="checkbox"/>	BANK@bility Module 11 Nominated Collections	<input type="checkbox"/>	BANK@bility.Lite	<input type="checkbox"/>		

**FEES APPLICABLE TO PROFILE**

Modular Fees		Transaction Fees	
Module 1	R _____	Internal Transaction	R _____
Module 2	R _____	External Transaction	R _____
Module 4	R _____	Payments from Call account	R _____
Module 5	R _____		
Module 6	R _____		
Module 11	R _____		

**BANK@bility.Lite** R \_\_\_\_\_

\*\*\*Subject to change and according to the provision of the Electronic Services Agreement

\*\*\*Applicant hereby acknowledge receipt of the Internet Banking Pricing Guide

**7. SIMULTANEOUS LOG-ONS (the number of concurrent log-on's)**

(Please note: for each concurrent log-on a monthly subscription fee will be charged)

**8. CHARGES ACCOUNT**

Module charges to be debited to Mercantile Bank account number

**9. THE MERCANTILE BANK ACCOUNTS TO BE INCLUDED IN THE PROFILE**

Insert your Mercantile Bank account numbers to which you would like to have access

Account number	Account name	Client (CIF)

Applicant/s initials \_\_\_\_\_  
BM/SSM Initial \_\_\_\_\_

**10. NOMINATED BENEFICIARIES**

\*\*\*These are payments to beneficiaries,i.e. Edgars, Telkom or to Individuals and/or Companies that are not on Mercantile Bank's general beneficiary list.  
 \*\*\*Caution is to be taken in completing private beneficiary details, as Mercantile Bank Limited cannot be held responsible for any incorrect details.  
 \*\*\*Companies - Initial 50 Beneficiary account details will be free of charge, for every additional beneficiary a charge of R7,00 (incl. VAT) will be charged.  
 \*\*\*Individual - Initial 25 Beneficiary account details will be free of charge, for every additional beneficiary a charge of R7,00 (incl. VAT) will be charged.  
 \*\*\*The onus is on the client to ensure that the correct account details are loaded for all beneficiaries requested below.

Debit Account Number	Beneficiary Account Name	Bank Name	Branch code Min 6 digits	Account Type	Beneficiary Account Number	Beneficiary Statement Reference

Thus done and signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature \_\_\_\_\_ Identity Number \_\_\_\_\_

Full Names \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Identity number \_\_\_\_\_

Full Names \_\_\_\_\_

Address \_\_\_\_\_

For and on behalf of \_\_\_\_\_

I/we confirm that I/we have read the whole document. I/we confirm that this document was completed in full before signed by me/us.

**WITNESSES**

Signature \_\_\_\_\_ Identity Number \_\_\_\_\_

Full Names \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Identity Number \_\_\_\_\_

Full Names \_\_\_\_\_

Address \_\_\_\_\_

**BANK USE ONLY**

**Referring Division**

MB Branch  Treasury  Alliance Banking  Credit Card

Other(Specify) \_\_\_\_\_

Profile Type \_\_\_\_\_ Profile Number

Individual  Staff  Corporate

Commercial  Commercial Special

Bank Officials to sign below(as applicable)

Mandate held and checked (Form 53)	
Legal Agreement received and checked	
Resolution received and checked	
KYC Compliant	
Computer charges input	

**Branch name and Contact Person** \_\_\_\_\_ Branch Manager / Sales and Services Manager authorisation

/ \_\_\_\_\_  
 Date \_\_\_\_\_ Signature and number \_\_\_\_\_