

**BANK ONE****ONE CLICK REQUEST FORM FOR RETAIL CLIENT**

Date	
Name of client	
Address	
ID number	
Phone number	
Mobile number	
<b>TYPE OF REQUEST</b>	
Enable password	<input type="checkbox"/> Login <input type="checkbox"/> Transaction
Disable password	<input type="checkbox"/> Login <input type="checkbox"/> Transaction
Reset password	<input type="checkbox"/> Login <input type="checkbox"/> Transaction
<b><i>Change Limit</i></b>	
<b>Online</b>	
Self transfer	MUR
Third party	MUR
<b>Offline</b> (Local payment,banker's cheque/demand draft,telegraphic transfer,cross currency-includes self as beneficiary)	MUR
<b><i>Change access type</i></b>	
<input type="checkbox"/> View only	<input type="checkbox"/> View & transact
<b><i>Additional Access</i></b>	
<input type="checkbox"/> Minor account	Account name:
<input type="checkbox"/> Joint account(operated by two)	Account name:
<input type="checkbox"/> New account	
<b><i>Enable/Disable SMS Banking</i></b>	
<input type="checkbox"/> Enable SMS Banking	<input type="checkbox"/> Disable SMS Banking
Signature of user(s)*	
*all account holders should sign this form.	