MPAY Transfer Limit Increase Form

Date: DD / MM / 20YY

To

The Branch Manager

_____

Name: _____

Account number: | | | | | | | | | | | | | |

Registered mobile no: | | | | | | | | |

Limit required: Nu. _____ (Words _____)

I would like to inform you that I am fully aware of the risks involved in online transactions, and I will be fully responsible for such transactions conducted through the app with my credentials.

I also agree to the disclosure of my transaction information as required by the regulatory authority and laws of the Kingdom.

Name: _____

Signature:

Legal stamp

For Bank Use Only

Limit increased to _____ on DD / MM / YY YY

Verified _____ Authorized _____