



CalNet CORPORATE FORM

BRANCH: _____

DATE: _____

ACCOUNT NAME: _____

NO.	ACCOUNT NUMBER	ACCOUNT DENOMINATION

PLEASE PROVIDE THE SPECIFIED DETAILS FOR THE CATEGORY OF USERS UNDERLISTED:
ADMINISTRATOR

TITLE	NAME	MOBILE PHONE #	EMAIL ADDRESS

INPUTTER

NAME	MOBILE PHONE #	EMAIL ADDRESS

AUTHORIZER

NAME	MOBILE PHONE #	EMAIL ADDRESS	APPROVAL LIMIT			
AUTHORIZER LEVEL 1			GHS	USD	EUR	GBP
AUTHORIZER LEVEL 2						

NB: Cut-off time for payments to CalBank Accounts is 16:00 GMT; Non CalBank Accounts is 11:00 GMT. Payments made after the cut off times will be processed on the next working day

1. Authorized Signature

2. Authorized Signature

FOR BRANCH USE ONLY

CERTIFIED BY(Client Service Officer):
NAME.....
SIGNATURE.....

BRANCH STAMP:

FOR CEBU USE ONLY

PROCESSED BY:
(NAME AND SIGNATURE OF CEBU OFFICER)

DATE:

PROCESSED BY:
(NAME AND SIGNATURE OF CEBU OFFICER)

DATE:

AUTHORISED BY:

(NAME AND SIGNATURE OF OFFICER)

DATE