



**SAIGON BANK FOR  
INDUSTRY AND TRADE**

**REGISTRATION/MODIFICATION  
FOR iBANKING SERVICE**

*(For corporate customers)*

Form 02A/iBANKING-DN

Appendix ....of contract no.  
.....  
.....

Dated: ...../...../.....

**New registration**       **Modification**

**To: SAIGON BANK FOR INDUSTRY AND TRADE – Branch: .....**

I hereby request SAIGONBANK to provide the Internet Banking service with the following information:

**A. CORPORATE INFORMATION**

Corporate name\* : ..... Client No.\* : .....  
 Contact address\* : .....  
 Telephone: ..... Fax: .....  
 Certification of establishment\*  
 Type:  Certificate of Business registration     License of Company Formation    Other:.....  
 Registered number\* : ..... Date of issue\* : ...../...../..... Place of issue\* : .....  
 Legal representative\* : ..... Position: .....  
 ID card of Representative\* : ..... Date of issue\* : ..../.../.... Place of issue\* : .....

**B. INFORMATION FOR REGISTRATION**

**1. Service package** (Mark X to choose one of the following packages)

Package	Available services
<input type="radio"/> e - STANDARD	Query for account information, loans, LCs
<input type="radio"/> e - OTP	- Query for account information, loans, LCs - Doing transaction
<input type="radio"/> e - PKI	- Query for account information, loans, LCs - Doing transaction (With limit higher than OTP package)

**2. Approval levels** (applicable for e-OTP and e-PKI package. Mark X to choose one of the followings)

Capture – Approve       Capture – Verify – Approve

**3. Charge payment** (Mark X to choose one of the followings)

Monthly       Quarterly       Yearly

**C. CLIENT’S UNDERTAKING**

- The above-mentioned details are true, and I am fully responsible for my registered information.* ..... , day....., month ....., year .....
- I have comprehended and committed to compliance with the terms and conditions of the contract of online banking service and the prevailing guideline for SAIGONBANK internet banking available at <https://ibanking.saigonbank.com.vn> or found at SAIGONBANK Branches/ Transaction Offices, and will be entirely responsible for any problems occurring due to my incompliance with those terms and conditions.* **REPRESENTATIVE**  
  
(Specify full name and seal)

**FOR BANK USE ONLY**

IT DEPARTMENT

Date of receipt: ...../...../.....

Officer

ADMISSION SECTION

Date of receipt: ...../...../.....

Officer

Approver

Director

Note:    \_ (\*) Mandatory information .  
 \_ In case of “**modification**”, latter information provided by customer is deemed ultimately valid