

TOKEN ACTIVATION REQUEST/REPLACEMENT FORM

New Token: R (Please tick as appropriate)	eplacement:	
Product Name:		
Account Name:		
Account Number:		
Mobile Number:		
Email Address:		
U-Direct User ID:	Token Se	erial No:
Customer Signature: _		Oate:
For Official Use Only		
Sol ID:	Location of BC);
DESIGNATION	NAME	SIGNATURE/EMP.ID
CRO		
ВОМ		

TO: The Managing Director,
United Bank for Africa Plc
57, Marina,
Lagos.

WHEREAS:

INDEMNITY

1. I/We maintain account(s) with United Bank for Africa Plc [my/our Account(s)].

Dated thisday of20.....

- 2. I/We use/desire to use the various electronic payment options offered to your customers including but not limited to NIBSS Instant Payment (NIP) system for transactions on my/our Account(s).
- 3. I/We want to be able to effect electronic payments by means of the NIP System and other payment options and UBA has requested that I/we indemnify it for any loss that may arise from my/our use of the electronic payment options.

NOW, in consideration of you, UNITED BANK FOR AFRICA PL	.c agreeing to allow me/us carry out electronic payments on NIBSS Instant Payment (NIP)	
System and/or other electronic payment options, (the Electronic Payment Transactions) on my/our Account(s), I/we,		
	hereby:	

- 1. declare and confirm that I/we am/are liable for all transactions carried out on my/our Account(s) using my/our passwords/tokens or any other confidential details on the NIP System or any other electronic payment option and undertake to indemnify you and keep you indemnified against any damages, costs and expenses whatsoever, including all legal costs, charges and other expenses you may incur by reason of your allowing me/us to carry out the Electronic Payment Transactions.
- I/we agree that you may at any time without notice to me/us, set off or transfer any sum or sums standing to the credit of any one or
 more of my/our accounts with you in or towards the satisfaction of
 my/our liabilities to you arising out of your allowing me/us to carry out the Electronic Payments Transactions.
- 3. I/we agree that if I/we fail to pay on demand any sums payable hereunder, that interest shall accrue thereon from the date of such demand until judgment and full liquidation at your Prime Lending Rate.
- 4. I/we agree that no delay or omission or granting of any indulgence on your part in exercising any right power, privilege or remedy in respect of this indemnity shall be construed as a waiver thereof, nor shall any single or partial exercise of any other right, power, privilegeor remedy preclude any further exercise of any right, power, privilege or remedy. The rights, powers, privileges or remedies provided in this indemnity are cumulative and not exclusive of any rights, powers, privileges or remedies provided by the law.

For Individu	al Customers:	
Signed Seale	ed and Delivered by	
In the Preser	nce of:	
Name:		
Occupation:		
Address:		
Signature:		
For Corpora	nte Customers:	
The Commo	n Seal of the within named	
	o affixed In the Presence of:	
SECRE	TARY DIR	FCTOR