



MANDATE / AUTHORITY TO OPERATE ACCOUNT

Account Name _____

Account number _____

Date _____

**To The Manager,
Equity Bank**

_____ Branch

Dear Sir/Madam,

I/we request you will, until you receive written direction from me/us to the contrary, treat and consider

Mr/Ms/Mrs _____ holder of ID No. _____

of P.O. Box _____ code _____ Telephone No. _____

and email _____ as a mandate holder in my/

our account no. _____ in the name of _____

held at your _____ Branch.

The mandate holder is fully empowered to draw and sign cheques on my/our account, whether the same be in credit or overdrawn, make enquires relating to transaction in above account and to accept cheques, bill and promissory notes and other documents in my/our name, for all of which this shall be a full and sufficient authority to you, your managers, clerks and officers and shall be binding upon me/us and all other persons claiming from or under me /us.

Mr/Ms/Mrs _____ Will sign: _____ I/D No. _____

His/ her signing mandate will be: to sign alone counter signed by me others

These instructions take effect from _____

All account signatories:

Name _____ ID No. _____ Signature _____

Name _____ ID No. _____ Signature _____

Name _____ ID No. _____ Signature _____

BANK USE ONLY:

To be completed by indicating user ID official signature and number as appropriate.

Instructions received and following availed

Original ID. seen

Photo taken

Certified copy attached

Mandate holder signature witnessed

Received by _____ Authorized by _____

Input by _____ Cust. ID of mandate holder _____ Verified by _____