BRAC BANK

www.bracbank.com

CORPnet Enrollment Form

Date: D D M M Y Y Y Y

Please complete the required fields in this form and other optional Services section that you require.	
✓ Mandatory Fields are marked with* ✓ Please fill up all the fields in BLOCK LETTER ✓ Submit the print out with Authorized Signatures	• Please print out the following document after filling up the required fields

Setup Details	
Preferred Password Communication Mode*	☐ SMS ☐ E-Mail
Receiver Management (For TCSA only)*	☐ Yes ☐ No

Account Information		
Account Title*	**Account Number***	**Token Charge Realization (Y/N)**

For Bank Use Only			
(To be completed by Relationship Manager)			
Profile Name			
Company Short Code (max 8 characters)		EB Employer Code	
VAM Prefix		Department	
RM Name		MPSO	
PIN			

Customer's Signature