ACCEPTANCE CONFIRMATION

We hereby accept to partner Ze service (please tick the service to			form with respect to the selected
Pos		Agency Transfer	☐ Third Party Bill Payment
☐ Wage/Pension Payment		Third Party Deduc	tions
Card Issuance		others (Please spe	ecify)
Name of Customer		***************************************	
Address	******	*******************	
Slip Message			
Settlement Account Number			
Authorized Signatory			
Signature		Date	
Authorized Signatory			
Signature	·····	Date.	
Sector/Industry			
Authorized Signatory			***************************************
Signature		Date.	
Please note that you will be require Ltd before the POS, Third Party Bi			
	OFF	FICIAL USE ONLY	
Initiating Officer			Approval
RSM			Branch Head/ Group Head
Processing Officer			
P&D Officer			Head, e-Business