

Please print in block letters

## APPLICATION FORM FOR INFINIPAY

The Cluster Manag	jer															Date	e:	D	D	М	М	Υ	Υ	Υ	Υ
Branch:																									
Dear Sir/Madam, Re: Infinipay I/We request you to provide us with Infinipay Bulk Payment Facility. Details are provided as under:																									
Salutation:		Мг			Mrs			Miss			Dr						Other:								
																			(please specify)						
Name:																									
Date of Birth:	D D M M Y				Υ	Υ	YY			r Ro	ole		Mak	Maker			Che								
Account Number:							,						1.5												
	* TI	his is	the	ассо	unt	num	ber l	that	will	be w	hite	liste	d for	debi	iting.	, 1			1						
Account Name:																									
E-mail Address:																									
Telephone Number:										Cell No.															
If more than one account is to be whitelisted please indicate below*:																									
Account Name											1	Account Number													

## Infinipay Service

## Disclaimer of Warranties

The Client expressly agrees that use of the Website is at its sole risk. The Website is provided on an "as is" and "as available" basis.

\*Whitelisting an account number is to mark it for debiting in our system. If an account is not whitelisted, the system cannot debit it.

First Capital Bank expressly disclaims all warranties of any kind, whether express or implied or statutory, including, but not limited to the implied warranties of merchantability, fitness for a particular purpose, data accuracy and completeness, and any warranties relating to non-infringement in the Services.

First Capital Bank does not warrant that access to the Website and the Services will be uninterrupted, timely, secure or error free nor does it make any warranty as to the results that may be obtained from the Website or use of the Services or as to the accuracy or reliability of the Services.

First Capital Bank makes no warranty regarding the Transactions entered into through Website. First Capital Bank will not be liable for any virus that may enter the Clients system as a result of the Client using the Services. First Capital Bank does not guarantee to the Client or any other third party that the Services would be virus free.

## Indemnity

The Client agrees, at its own expense, to indemnify, defend and hold harmless First Capital Bank, its directors and employees, representatives, agents and its Affiliates against any claim, suit, action or other proceeding brought against First Capital Bank, its directors employees, representatives, agents, and Affiliates by a third party, to the extent that such claim suit, action or other proceeding brought against First Capital Bank, its directors and employees, representatives, agents and Affiliates is based on or arises in connection with the user of the Service with reference to:

- any deletions, additions, insertions or alterations to, or any unauthorized use of, the Services by the Client
- any misrepresentation or breach of representation or warranty made by the Client contained herein; or
- any breach of any covenant or obligation to be performed by the Client hereunder. The
  Client agrees to pay any and all costs, damages and expenses, including, but not limited to,
  reasonable attorneys' fees and costs awarded against it or otherwise incurred by or in
  connection with or arising from any such claim, suit, action or proceeding attributable to
  any such claim.
- any loss direct, indirect or consequential arising out of erroneous details being inputted by the user of the service.

The client hereby agrees that First Capital Bank's aggregate liability for claims relating to the Service, whether for breach or in tort including but not limited to negligence, shall exclude claims for consequential damages and be limited to the transaction charges/fee or consideration paid by the client within the previous twelve (12) months for the Service, excluding any amount paid towards transactions.

Name												Nan	ne [												
Signature									_		:	Signa	atur	e											
Date: D D M M Y Y Y												D	ate:	D	D	1	М	М	Υ	Υ	Y	\	′		
Name												Nam	ne [												
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Date: D D M	М	Υ	/	Υ	Υ	Υ						D	ate:	D	D	1	M	М	Υ	Υ	Υ		′		
To Be Completed By Th	ne Bra	anch																							
We approve the applic above are true and cor		& г	equ	est y	ou t	o fa	cilit	ate	Intei	net	banl	king	for	the a	abov	e cu	stor	ner.	We	conf	irm	the	facts	sta	ted
Date Received:	D	D	М	М	Υ	Υ	Υ	Υ																	
Received by:																									
Signature verified by:																									