

Date:.....

The Branch Manager

First Capital Bank Botswana

..... Branch

REQUEST FOR INTERNET BANKING PASSWORD RESET

Dear Sir / Madam

I / We _____ of account
number _____ request you to reset our internet
banking passwords as indicated below

☐ Login Password

Email address: _____

Ebanking user ID: _____

Mobile Number: _____

Authorised signatory

Signature _____

Name: _____

ID: _____

Authorised signatory

Signature _____

Name: _____

ID: _____

For Bank use only:

Signature Verified by: _____

Confirmed by: _____

Input by:

Authorised by:
