

myAPS - PHYSICAL TOKEN FORM

Date: DD / MM / YYYY

PERSONAL DETAILS

Title:	First Name:	Last Name:
ID No./Passport No.:	Mobile No.:	
Preferred Charging Account:		

REASON FOR APPLICATION (SELECT APPROPRIATE OPTION)

Apply to myAPS Service and Physical Token <input type="checkbox"/>	PHYSICAL TOKEN SERIAL NUMBER
Apply for Replacement of Physical Token <input type="checkbox"/>	<input type="text"/>
End myAPS service and return Physical Token <input type="checkbox"/>	

REPLACE MYAPS PHYSICAL TOKEN (SELECT REASON FOR REQUESTING A REPLACEMENT)

Physical Token is broken <input type="checkbox"/>	OLD PHYSICAL TOKEN SERIAL NUMBER
Physical Token has been lost or stolen <input type="checkbox"/>	<input type="text"/>
Physical Token is faulty <input type="checkbox"/>	
Other reason: <input type="checkbox"/>	<input type="text"/>

DECLARATIONS BY CUSTOMER

I, the undersigned hereby;

Acknowledge access to myAPS service through a physical token, which as a result, will not enable me access to the service through myAPS mobile app.

Confirm that the information provided to the Bank by me on this application form is true, complete and up-to-date.

Authorise the Bank to debit my Account specified above, with any charges that may be incurred to retain the banking relationship and that may be incurred while using the accounts and services applied for, in line with the Bank's Tariff of Charges.

Confirm that termination of service will be accepted and acknowledged upon return of the physical token. Such termination entitles you to a pro-rata refund of the subscription fees and/or any applicable charges.

I hereby confirm that I have read, understood and accepted the entire **Terms & Conditions, Depositor Information Sheet, Fee Information Document and Tariff of Charges** governing the requested service. I also acknowledge that when needed, I can collect a copy of the relevant **Terms & Conditions, Data Privacy Policy, Depositor Information Sheet, Fee Information Document and Tariff of Charges** from any APS Branch, which are also available from the Bank's website www.apsbank.com.mt/terms-and-conditions.

Customer Signature

FOR OFFICE USE ONLY

Date Received: DD / MM / YYYY

Customer's Profile No.:

Bank Authorisation:

I am hereby authorising (Name and Surname), holder of Identity Card No. (the "Authorised Person") to collect the Physical Token for and on my behalf at Branch.

I also authorise the Authorised Person to acknowledge receipt of collection of the Physical Token for and on my behalf.

I agree that I am responsible to ensure that once the physical token is collected for and on my behalf by the Authorised Person, it shall be my responsibility to ensure that it is delivered to me immediately. I agree that I shall remain responsible for the Physical Token and bound by the entire terms and conditions in relation to the use of the service and the account. The Bank will not be held responsible for any loss or damage suffered by mishandling and/or failure to observe the conditions in this form and the applicable terms and conditions.

Customer Signature