

Supplementary Application form for Fee Payment through BankMuscat eBanking Channels

Applicant Details

Applicants Name _____
Local Mailing Address PO Box _____, Postal Code _____,
Location _____, Sultanate of Oman.
Contact Number (Off / Res / GSM) _____
National ID / Passport Number _____
Email ID _____
Preferred Mode of Payment Phone Banking Internet Banking Both

Applicant's customer number with BankMuscat

Student Details

1.1 Students Name _____
1.2 Name of Institution _____
1.3 Location of the Institution _____
1.4 Students Registration Number _____
1.5 Preferred 3 letters Mnemonic to identify student for phone banking

2.1 Students Name _____
2.2 Name of Institution _____
2.3 Location of the Institution _____
2.4 Students Registration Number _____
2.5 Preferred 3 letters Mnemonic to identify student for phone banking

Signature of the applicant

Date:

Signature of the applicant

Date:

For Branch Manager's authorization only:

I certify that I have verified the applicant's signature and details, and found the same to be correct. I hereby authorize that the fee payment facility through BankMuscat eBanking channels may be extended to this applicant for the student details as mentioned above.

Stamp and Signature of the Branch Manager.

Note to Branch Manager – Please send this application to the call centre or fax at 782020 for further action.