



MasterCard



SOUTHEAST BANK LIMITED

TWO-FACTOR AUTHENTICATION (2FA) REGISTRATION FORM

PERSONAL INFORMATION

Customer Name:	
*Preferred User ID: Card Number: (1)	(max 10 characters) Card Type: Basic Supplementary (2)
E-mail Address:	Mobile Number:
Mother's Name:	**National ID:
Type of Token:	☐ Internet Banking ☐ E-commerce ☐ Both
Collection Mode: Card Division, Head Office Card Card Service Centre, Sylhet E-ma	
Software Token Type of Device: Desktop/Laptop Smart Phone/Tablet Phone/Tablet	ablet OS: **Phone IMEI Number:
Others:	
Any unauthorized use of data or process of e-commerce 5. Before performing international online transactions, cu international card. Please contact our Call Centre by call 6. If the Hardware/Software Token is lost or stolen, cust Centre to deactivate online banking and e-commerce transactions. By signing below, the customer agrees to the terms and	ecting Hardware Token. vithin 45 days from the date of registration. rity of his/her own Hardware/Software Token and registered e-mail address transaction is the sole responsibility of the customer. stomer has to endorse his/her passport and activate the USD portion of the ing at 16206 or +88-09-613116206 (from abroad) for more information. omer must notify immediately to Southeast Bank Limited by calling the Cal ansactions. conditions mentioned above.
Customer Signature:	
Enrolled by:	OFFICE USE ONLY
RSA Registration	ACS Registration
Name & Designation:	Name & Designation:
Signature with date:	Signature with date:
RSA User ID:	Approved By:
(confirmed)	Name & Designation:
*User ID acceptance is subjected	Signature with date:

