TO:

## FIRST BANK OF NIGERIA LIMITED SAMUEL ASABIA HOUSE 35 MARINA LAGOS.

day of .	 20
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## LETTER OF INDEMNITY

	operating a
I, Mr	ly impaired person has
use.	

I further acknowledge that I am fully aware that electronic banking platforms are sometimes prone to the risk of fraud and/or other unauthorized interventions or manipulations by third parties, and that I hereby fully assume such risks.

I shall ensure the security of my Personal Identification Number (PIN) and other relevant codes and shall immediately notify the Bank upon the occurrence of any circumstance(s) likely to render the continued use of my ATM card unsafe.

I further agree that I shall appoint a trusted and reliable person of my choice whose name I shall advise to the Bank who will undertake on my behalf the responsibility of assisting me with the operation of my account and ATM transactions and that appointment shall form part of my account mandate with the Bank. I shall hold First Bank of Nigeria Limited harmless, absolved and indemnified from all liabilities arising from my appointing such person of my choice and at my sole discretion as it relates to the operation of my account (inclusive of ATM related transactions).

In furtherance of the Bank acceding to my request for the issuance of an ATM card to me, I hereby waive all rights of action or defenses I may have against the Bank in connection with all matters contemplated herein, and further hold the Bank free and harmless from any responsibility, liability or adverse consequence (whether direct or indirect) in connection with my use of the ATM card. I shall further indemnify and keep the Bank fully indemnified against all litigation, actions, claims, loss, damage, costs and/or expenses which may be suffered or incurred by the Bank in connection with the Bank's issuing an ATM card to me.

either First Bank of Nigeria Limited of	ecurity and in force until such time as both or myself terminate the Letter of Indemnity or for as sank in respect hereof.
This indemnity shall be governed by a	and construed in accordance with the laws of the
In witness whereof I affix my hand a	nd seal this day of,
20	
LEFT THUMB PRINT OF MR.	
In the presence of: Name of Witness: Address: Occupation: Signature: Date: BLIND JURAT The foregoing having been read and	d interpreted to me:
OF DEPONENT	LEFT THUMB PRINT
Mr	(The Deponent) in English Language by
perfectly to understand same before	(The Sworn Interpreter) when he seemed appending his left thumb print hereto.
SWORN TO AT THE HIGH COURT	REGISTRY,
The, 20	••••
COMMISSIONER FOR OATH	•