

TOKEN APPLICATION / REPLACEMENT FORM

New Token	Replacement	
(tick appropriate box)		
Account Name		
Account Number		
Token ID		
Describe the issue v	vith your token device (replacement)	
Pick Up Option		
Self	_	
Proxy* *Customer must complet		
Courier Delivery—		
	itside Nigeria only)	
Authorised Signatu	re Authorised S	ignature
	ed and mailed to u-token@ubagroup.com nsto nrnbanking@ubagrouup.com	For customers outside Nigeria, please e-mail
For Official Use Only	<i>y</i>	
New Token ID ——		
Treated by:	Signature:	Date:
Approved by:	Signature:	Date:
or any activity, or incid transfer, remittance, di	MCA PLC shall not be liable to the user, or to any t ence on the user's account, whether wilfully autl	hird party for any drawing, transfer, remittance, disclosure norized by the user or not, PROVIDED that such drawing, uthorized or made possible by the fact of the knowledge user's negligence
or in instances of syste temporarily or perman	m maintenance or failure, or for any reasons bey ently change, modify or discontinue this service	me without notice to maintain the integrity of this service rond UBA's control. UBA also reserves the right to at any time without notice. You hereby agree that UBA sof suspension, modification or discontinuation.
For Official Use		
Treated by:	Signature:	Date:
Approved by:	Signature:	Date: