

VERVE ACCESS REGISTRATION FORM

This form is to be completed in capital letters and information clearly written.

Member's Name

Name of Enrollee (in full)

First name

Middle name

Last name

Enrollee's Department/Unit

Enrollee's E-mail address

Signature

Date

MANAGER'S INFORMATION

Manager's Name

First Name

Middle name

Last Name

Department/Unit

Designation

E-mail Address

I certify that the enrollee is a staff of the above stated Verve Member, kindly grant him/her access to Verve Access Member Portal.

Manager's Signature

Date

Purpose for access to the portal:

Kindly tick as appropriate.

Issuer

Acquirer

Corporate

Card Personalisation

***Kindly send completed form to schememanagement@verveinternational.com