



Branch Name: -----

Application No.-----

APPLICATION FORM FOR INTERNET / MOBILE BANKING (FOR CORPORATE)

CUSTOMER ID: *

(If you are not aware of your Customer ID, please enquire from your base branch)

I/We request you to register my/our application for Internet banking facility & link my/our accounts with your branch/other branch

NAME OF THE ACCOUNT / TITLE: _____

ACCOUNT NO.:

DATE OF INCORPORATION / ESTABLISHMENT:

ACTIVITY: _____

- CONSTITUTION Sole Proprietorship Partnership LLC Trust / Club
 Pvt. Ltd. Co. Public Ltd Co. Society Others Pl. Specify: _____

I wish to have any of the following CORPORATE-ID* for Internet banking (4 to 8 characters length)

1. _____ 2. _____ 3. _____

* CORPORATE-ID will be allotted to you subject to its availability.

COMMUNICATION ADDRESS:

P. O Box No: Postal code: Place:

Country : Telephone (O): Fax:

Email Address: Mobile No:

Details of any existing accounts to be linked for Internet banking

(In case more number of accounts are to be linked up, separate sheet may be attached)

Branch Name	Title of A/c.	Account No	Customer ID (Filled by branch)	Mode of Operation

I/We would also like to avail mobile banking*: Yes/No

Mobile Numbers for Mobile Banking	1. _____	2. _____
	3. _____	4. _____

*Whenever offered by Bank of Baroda(T) Ltd.

I/We authorize you for creation of our e-banking account administrator for administration of users and Internet banking services to be provided to me / us. I/We understand that our account administrator will create/manage our Corporate User(s) based on the authority given by us to the Bank.

Details of Account Administrator:

Full Name: _____ Designation: _____

Contact Numbers: _____ Email: _____ Signature: _____

Please note:

- Allocation of User-ID, i.e. access of various accounts to different Users / divisions and maintenance of the same will be done by your Account Administrator. He will also enable and disable menus for Corporate Users and will create and modify pool of accounts.

2. *Change in Limit mapping, designation mapping and hierarchy structure will be defined by the Bank on receiving written request from Account Administrator under signature of the authorized signatories.*
3. *Viewing option can be provided to any Corporate User by your Account Administrator. However, for transactional functionalities Annexure-I needs to be submitted with User wise details.*

Declaration: [for Corporate]:

I/We have read the terms and conditions as per annexure II applicable to Bank of Baroda(T) Ltd. e-Banking Corporate services and agree to them. I/we am/are aware that the usage of Bank of Baroda(T) Ltd. e-banking Corporate is governed by the terms and conditions which are displayed on <<https://intl.bobibanking.com>> the site maintained by Bank of Baroda(T) Ltd. and I/we have reviewed the contents of the same. Further, I/we accept the terms and conditions governing internet banking of Bank of Baroda(T) Ltd. applicable for bank accounts as displayed on bank/s website. I/we accept and agree that I/We are aware of the contents of the terms and conditions and that all my/our rights and liabilities would be governed by the said terms and conditions by my/our act of accessing on <<https://intl.bobibanking.com>>. I/we thereby agree to be subject to and comply with all the provisions of the terms and conditions which are incorporated by reference herein and deemed to be part of this application form to the same extent as if such provisions had been set forth in full herein. Necessary Resolution/Authorization is enclosed on the letterhead.

I/we do hereby indemnify and forever keep indemnified the Bank and its successors and assigns from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the terms and conditions as per annexure II mentioned therein.

Place: _____

Date: _____

Signature:

- | | | |
|----|-------|---------------------------|
| 1. | _____ | Name & Designation: _____ |
| 2. | _____ | Name & Designation: _____ |
| 3. | _____ | Name & Designation: _____ |
| 4. | _____ | Name & Designation: _____ |

Branch confirmation

We confirm that

1. The customer details given above are correct and same are recorded in CBS also.
2. We have verified the signatures of the customer as appended above
3. All the accounts of the above customer have been linked to one Customer ID as given above
4. We have enabled the above Customer ID for enabling in Finacle-FVTM/CFTM and
5. We recommend granting ebanking facility to the above customer.

Signature of Branch Manager: _____

Name of the Branch Manager: _____

Signature Number: _____

Branch Alpha:

SOL ID:

For IBCOT:

User ID created on: _____

Signature: _____

Name: _____

User ID dispatched on:

Password dispatched on:

Signature _____

Name: _____

ANNEXURE – I

CORPORATE DETAILS

Sr. No	Details of Divisions / Sections within the Corporate	Details of Role / Designation with in the Corporate	Hierarchy with in the Corporate

CORPORATE USER DETAILS

Sr. No	Name of User	Preferred User ID	Date of Birth	Signature of User

Please attach separate sheet if more details to be furnished.

I/W e hereby confirm that mandate from the competent authority has been obtained. Necessary Resolution/Authorization is enclosed on the letterhead.

Signature:

1.

_____ Name & Designation: _____

2. _____ Name & Designation: _____

3. _____ Name & Designation: _____

4. _____ Name & Designation: _____

Place: _____ Date: _____