

Branch Name: _____

Application No: _____

APPLICATION FORM FOR INTERNET 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 with the following rights (Choose One):

View / Transaction Rights: _____

NAME OF THE ACCOUNT / TITLE: _____

ACCOUNT NO: _____

DATE OF INCORPORATE / 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. _____

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

COMMUNICATION ADDRESS: _____

City: _____ Country/State: _____ Post Code: _____

Telephone (O): _____ Fax: _____

Email Address :(*) _____ Mobile No: (*) _____

* Mandatory fields

Details of any existing accounts to be linked for Internet banking

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

Branch Name	Title of A/c	Account No	Customer ID

Declaration:

I/We have been, prior to applying for this account, provided the copies of Bank General Terms and Conditions, Schedule of Charges and copies of Terms and Conditions relating to Baroda Connect – Internet Banking Service. I/We confirm that we have read and understood and agree to be bound by these terms and conditions.

Place: _____

Date: _____

Signature:

1. _____ Name & Designation: _____

2. _____ Name & Designation: _____

3. _____ Name & Designation: _____

4. _____ Name & Designation: _____

ANNEXURE – I (For Granting Transactional Authority to Various Corporate Users)

Serial No	Details of Divisions/Sections with in the Corporate	Details of Role/Designation with in the Corporate	Hierarchy with in the Corporate

Corporate Details:

Sr No	Name of User	Preferred User ID	Date of Birth	Mobile No	eMail	Signature of User

V: View Only (Transaction authority not allowed)

R: Request for Account Opening, Renewal of FD account, Request for cheque book, Bill Lodging, Request for Issuance of DD, Request for LC/Guarantee Opening and Amendment

T: Online transfer/ Schedule transfer of funds to own account and third party account with in the Bank. Online transfer / Schedule transfer of funds from linked accounts.

Sr No	Name of the User	Individual Login ID	Designation/Role	Initiating Limit	Approving Limit	From	To	No of Approvals Required	Individual User ID by which Approval required

1. Initiator is the individual initiating the funds transfer request
2. Approve is the person who authorizes the Fund Transfer request keyed in by the initiator.
3. Initiator and Approver cannot be the same person

I/We hereby confirm that mandate from the competent authority has been obtained. Necessary Resolution / Authorization are enclosed on the letter head.

Signature: _____ Name & Designation: _____

Signature: _____ Name & Designation: _____

Branch Manager Name & Signature: _____ Date: _____