

APPLICATION FORM FOR INTERNET BANKING (Corporate)

CUSTOMER ID:

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 A	CCOUNT/TITLE:					
ACCOUNT NO.:]		
DATE OF INCOR	PORATION/ ESTAB	lishment:]-00-000			
		orship <mark>Part</mark> ne	rship HUF Ltd. Co. Society	Trust/ Club others Pl.		
I wish to have any	of the following COR	PORATE-ID* for inte	ernet banking (4 to 8 c	haracters length)		
1. * CORPORATE-ID will COMMUNICATIO		ject to its availability.	3			
City:	State:Pin Code: Telephone (R)Fax No.					
Telephone (O) _		Telephone (F	R)	Fax No.		
Email address: _			Mobile:			
•	xisting accounts to umber of accounts		ernet banking Ip, separate sheet r	nay be attached)		
	Title of Account			Mode of Operation		



Declaration: [for Corporate]:

I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Baroda U. P. Bank e -Banking Corporate services and agree to them. I/We am/are aware that the usage of Baroda U.P. Bank e-Banking Corporate is governed by the terms and conditions which are displayed on <u>https://bupbib.barodarrb.co.in</u> the site maintained by Baroda U.P. Bank and I/we have reviewed the contents of the same. Further, I/we accept the terms and conditions governing internet banking of Baroda U.P. Bank 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 <u>https://bupbib.barodarrb.co.in</u>. 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 agree and undertake to indemnify and keep indemnified Baroda U.P. Bank, its successors and assigns, of, from against all losses, actions, costs, consequences, charges, expenses, claims and demands which the Bank may incur or sustain by any reason of or on account of the Bank being held liable for non-compliance of any of the terms and conditions of ebanking of Baroda U.P. Bank by me/us.

Signature:

1.	Name & Designation
2.	Name & Designation
3.	Name & Designation
4.	Name & Designation
5.	Name & Designation
Place:	Date:

For office use only					
Branch confirmation:	For Baroda e-BanKing Operations Team:				
We confirm that 1. The customer details given above are correct and the same are					
recorded in CBS also;	User ID created on:				
 We have verified the signatures of the customer as appended above; 					
3. All the accounts of the above customer have been linked to one	Signatura				
Customer ID as given above; 4. We have enabled the above Customer Id for e-banking in Finacle-	Signature: Name:				
BDTM; and	Nume.				
5. We recommend granting e-Banking facility to the above customer.					
Signature of Branch Manager:					
Name of Branch Manager:					
Signature Number:					
Branch Alpha:					
SOL ID					



ANNEXURE I (For granting Transactional Authority to various corporate user)

CORPORATE USER DETAILS

Sr No.	Name of User	Preferred User ID	Date of Birth	Access Option (view/Transaction)	Signature of User

COPORATE DETAILS

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

CORPORATE USER WISE LIMITS FOR FUNDS TRANSFER

Sr No	Name of User	Individual login ID	Designation/ Role	Initiating Limit(Rs.)	Approving Limit	In case of more than one Approval		Individual User ID by which	
						From Rs.	To Rs.	No. of approval(s) required	approval required

1. Initiator is the individual user initiating the Fund transfer request. 2. Approver is the person who authorizes the Fund Transfer request keyed in by the initiator 3. Initiator and Approver cannot be the same individual. 4. Any Fund Transfer request necessarily will involve Initiator and Approver

Please attach separate sheet if more details to be furnished.

I/We 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: