



## Application Form for Services of Internet Banking, Fax Banking, and Automated Message Notification

The Applicant hereby completes and submits this Application Form to the Bank, authorizes the Bank to act accordingly, and agrees to comply with and be bound by the terms and conditions contained herein and in the Agreement for Services of Internet Banking, Fax Banking, and Automated Message Notification (the "Agreement") as amended and restated from time to time. The Applicant acknowledges that a copy of the Agreement has been received, read, and accepted as of the submission date of this Application Form.

### Internet Banking Services

<b>Inquiry</b> (If the name is not filled in, the column of name on the Bank's Internet Banking website will be shown with "Inquirer 1-4", as the case may be)			
Inquirer code	* Name & Email Address (For activation and notification)	Inquirer code	* Name & Email Address (For activation and notification)
V1		V3	
V2		V4	

The persons named above can only make inquiries about the accounts of the Applicant and its related parties.

Please indicate you are  corporate  resident  non-resident Indian (NRI)

Note: Transaction functions of Internet banking services are currently for corporate and resident customer. If you are non-resident Indian, please apply for fax banking for transaction functions.

<b>Transactions</b> (If the name is not filled in, the column of name on the Bank's Internet Banking website will be shown with "Maker 1-5" or "Checker 1-5", as the case may be)			
Maker Code	* Name & Email Address (For activation and notification)	Checker Code	* Name & Email Address (For activation and notification)
M1		C1	
M2		C2	
M3		C3	
M4		C4	
M5		C5	

Maker is the person authorized by the Applicant to initiate, modify or cancel transactions. Checker is the person authorized by the Applicant to approve transactions. Each Maker and Checker will receive a device (ex. Token) from the Bank.

Authorized Administrator
Name & Email Address of Authorized Administrator: _____ <input type="checkbox"/> The Authorized Administrator may set and change the Inquirers, Makers and Checkers by himself/herself on the Bank's Internet banking website.

If the option above is not chosen, the Bank will act in accordance with this Application Form or any subsequent Amendment Form.

<b>Group of Checkers</b> (Please fill in the checker code (C1, C2,...) as specified in "Transactions" section above. One checker code can be listed in only one group. Any checker listed in a group can act for and on behalf of any other checker in the same group.)					
Group Code	Code (1)	Code (2)	Code (3)	Code (4)	Code (5)
G1					
G2					
G3					
G4					
G5					

**Authority for Making Transactions**

\* If "All Accounts" below is chosen, it shall include the Applicant's Debit Accounts for Internet Banking below and the accounts of the Applicant's third party pursuant to the Application for Notice of Authorization to Third Party submitted by such third party.

\* If the Authorized Amount is not filled in, it will be deemed as having no ceiling amount. If there is no currency designated, INR shall be applied.

\* To designate a Maker, please fill in the Maker Code as described above, such as M1, M2...

Sequential Authorization\*

Designated Maker	Types of Transactions	Authorized Account	Currency	Authorized Amount		Group/Checker Code				
				Min ( )	Max ( )	1	2	3	4	5
<input type="checkbox"/> No Designation	<input type="checkbox"/> No Specification	<input type="checkbox"/> All Accounts	<input type="checkbox"/> INR <input type="checkbox"/>							
			<input type="checkbox"/> INR <input type="checkbox"/>							
			<input type="checkbox"/> INR <input type="checkbox"/>							
			<input type="checkbox"/> INR <input type="checkbox"/>							

\*If the sequential authorization is chosen, the transaction shall be approved by each of the Checkers in accordance with the numerical sequence. The Bank will only act in accordance with this Application Form or any subsequent Amendment Form for set and change on Group of Checkers and Authority for Making Transactions above.

Debit Accounts for Internet Banking		(Accounts set by the Bank for the discharge of debts owed to the Bank are not eligible to be chosen as Debit Accounts.)
Debit Account No.		Debit Account No.

I/We hereby authorize the Bank to transfer or deduct the related funds from the Debit Account(s) above without our written instruction or confirmation. The Bank's record regarding the balance of the Debit Account(s) above shall be final and conclusive without manifest error.

**Delivery Instruction**

The Bank will deliver password letters and related equipment (Token etc.) via postal service or courier to the following:

Address: \_\_\_\_\_ Addressee: \_\_\_\_\_

Same as contact address \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

**Fax Banking Services**

Please specify the pin code below. I/We understand and agree that each and all of the fax instructions sent to the Bank shall properly contain the pin code for authentication. The Bank will not act or execute the fax instruction(s) which contain(s) the wrong pin code. I/We represent and agree to take any and all necessary measures to keep the pin code in safe custody and shall ensure that no one other than me/us may have access to and use the pin code. Any and all losses or damages resulted from any improper use of the pin code shall be borne by me/us, and the Bank shall in no event be held liable or responsible with respect thereto.

**Pin Code**

(in 4 digits)

Please specify the contact persons below. The Bank will contact any of the contact persons below upon its receipt of fax instruction involving a transaction with a total amount exceeding 0 or another amount decided by the Bank. I/We hereby authorize the Bank to contact with any of the contact persons via phone to confirm the content of the fax instruction(s). If the Bank fails to get in touch with the contact person to confirm the content of the fax instruction(s) for whatever reasons, the Bank may refuse to act or execute such fax instruction(s).

Contact Persons									
	Name	Position	Tel No	Mobile		Name	Position	Tel No	Mobile
1.					3.				
2.					4.				

**Automated Message Notification Services**

Please specify the email address / IP address / URL below to receive monthly statements and transaction related notifications including, but not limited to, debit/credit, remittance, term deposits, and loans through Automated Message Notification Services.

EMAIL ADDRESS / IP ADDRESS / URL	Encryption(V)	EMAIL ADDRESS / IP ADDRESS / URL	Encryption(V)
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Note WinZip application is needed if encryption is chosen.

**Others**

Debit Accounts for Fees and Expenses	
Debit Account No.	Debit Account No.

I/We hereby authorize the Bank to debit or deduct the related fees and expenses in connection with Internet Banking, Fax Banking, and Automated Message Notification services from the Debit Account(s) above without our written instruction or confirmation. The Bank's record regarding the balance of the Debit Account(s) above shall be final and conclusive without manifest error. If no Debit Account above is specified, fees and expenses shall be deducted from the Debit Accounts for Internet Banking in the column in page 2.

**Declaration of the Applicant:**

The Applicant hereby declares that it/he/she has carefully read the Application Form, all the terms and conditions hereof, and the Agreement for Services of Internet Banking, Fax Banking, and Automated Message Notification and fully understands the contents hereof and thereof and agrees to comply with and be bound by the same, as may be amended and restated from time to time. The Applicant understands that the Bank may reserve the right to approve or reject this Application Form and acknowledges that this Application Form will be executed in one counterpart which will be kept by the Bank.

(applicable to an individual)

Applicant's Name: \_\_\_\_\_

Customer ID: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date : \_\_\_\_\_

(applicable to a company)

Applicant's Name: \_\_\_\_\_

Customer ID: \_\_\_\_\_

For Bank Use only		
Approved By	Verified By	Processed By

Name of Authorized Signatory(ies)

Title:

Date:

The Bank will verify the signature with the specimen signature filed with the Bank.

\* In case of any doubt about the contents of this Application Form, the Bank may verify such contents with the contact person below.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_