Administrator

Name Date

Bank	OI D ai	oua ———															
Ghana				Re: Request for linking new accounts													
I/We a	.m/are	an exis	sting Ba	aroda Co	onnect I	User/s a	s per de	etails gi	ven bel	ow:							
	Sr Existing Account Number (14 digit number)																
	No					LA	isting 7	ccount	rumoc	1 (1+ u	igit iidi	11001)					
In addi	ition to	o my/o	ır exist	ing acco	ount/s, I	/We red	quest yo	ou to lin	k my/oı	ur belov	w menti	oned ac	ccounts	for Bar	roda Co	nnect.	
	Sr No New Account Number (14 digit number) to be linked																
	No																
			`														
		-	-														
Addres	ss:																
	_									 							
Phone	:				_ E-r	nail:				 							
				l accou signate		are in	my/οι	ır nam	ne and	l I/We	am/a	re eliç	gible t	o oper	rate a	ccounts	
Date	:						S	Signature	e :								
Note: 1	Please	Print :	and sub	mit the	filled re	equest-f	form to	the Bra	nch who	ere you	have re	egistere	d with 6	existing	user id	l	
_							(Fo	or Use a	at Bran							_	
rec	We confirm having verified the above signatures and recommend granting of internet banking facility of Baroda Connect.									We recommend linking of the above-mentioned accounts.							
Na	Signature of Relationship Manager: Name:								Signature of Branch Manager: Name:								
1 1	Signature Number: Date:								Signature Number: Date:								
		rm hav of Bra		ked the	account In	s as me itiator	ntioned	above.					Appro	over		\exists	