APPLICATION FORM FOR CG-TECH-Challenge BANKING (FOR individuals)

REQUEST NO.:

NAME OF THE FIRST ACCOUNT HOLDER (Mr./Ms):

(To be filled by branch)

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

ACCOUNT NO. :						
DATE OF BIRTH:	1	1				
CUSTOMER STAT	US:	Minor If	Yes, Name	e of Natural	Guardian	
RESIDENTIAL STA	ATUS: Indian Resident		dent	Non Resident Indian		Foreign Resident
OCCUPATION:		MOTHER'S MAIDEN NAME:				
COMMUNICATION	ADDRESS:					
City:	State:) :	Pin Code:		:
Telephone (O):	-	Telep	ohone(R):	-	Fax No.:	
Email address:	code		STD (code	Mobile: +91	
Details of any soils	45	a da la Baland	for heteroat h			
Details of any exist (In case more number 1)					e attached)	
Branch Name	Name of Jt. A/c. Hold	der	Account No.		mer ID by branch)	Mode of Operation

	website I/We accept and agree that I/We are aware of the rights and liabilities would be governed by the said terms				
and comply with all the provisions of the terms and codeemed to be part of this application form to the same extended	nditions which are incorporated by reference herein and ent as if such provisions had been set forth in full herein.				
Additional Terms and Conditions for NRI Customers:					
not make available to any persons resident in India, fore other manner in India. I/We further confirm that all debits and credit representing sale proceeds of investment in In-	om time to time. I/We do hereby undertake that I/We shall eign currency against reimbursement in rupees or in any to my/our accounts for the purpose of investment in India dia are covered either by general or special permission of internet banking is available intra-bank only and no fund				
contravention to the various regulations framed under For	e only and in any event such request will not be in reign Exchange Management Act,1999, Foreign Exchange as and regulations laid down by Reserve Bank of India				
	ne Bank and its successors and assigns, from and against de, suffered or incurred by the Bank by reason of non therein.				
Signature:					
1 Name					
2 Name	·				
3 Name	:				
4 Name	<u>:</u>				
Place: DATE					
N.B.: Internet facility is provided only in accounts where the mode of operation is self/either or survivor/anyone or survivor. A separate User ID and PIN is required for each signatory in an account. (In case more than one signatory requires access over the Internet, please use separate form for each signatory.)					
FOR OFFICE	E USE ONLY				
For use at Branch We confirm having verified the signatures, enabled the customer ID in Finacle core and recommend granting of eBanking facility. Name and signature of Br.Manager	For Corporate office use [BCOT] User profile changed on / /				
Signature No:	Name & Signature				
Br. SOL Id No.:					
Region: ————					

Declaration: [for Retail]: