

Corporate Internet Banking Service Company Registration Form

The Manager, _____ Corporate Banking Group

We request you to provide our Company with Corporate Internet Banking service, subject to the terms and conditions mentioned in the mandate and hereby declare that the information/details given below are true and correct.

(To be filled in BLOCK CAPITALS)	

Company Details (Man	idatory)													
CIF No.							"Please note mult Different Compan						Compa	ny ID.	
Current Account Number															
Name															
Login ID*							"Please attach a co	opy of yo	our curr	ent trad	e licens	e togetł	1er with	۱ this for	

Contact Person (Mandatory)

The contact person listed herein will be contacted for any Internet Banking related queries

Name																				
Telephone																				
Email Address																				
We agree for the following staff to apply for CBI's Corporate Internet Banking Service.																				
Staff name(s)																				
If this service is required to be provided	to add	litional	staff. o	other th	nan tho	se mentio	oned ab	ove. we	endeav	or to p	av the	addit	ional c	harge.	as app	licable	. per si	taff an	d provi	de the

bank with a new letter of mandate similar to the one attached to authorize the application.

We acknowledge having read, understood and agree to be bound by the Account terms and conditions and the general terms and conditions for the operation of the accounts and CBI Corporate Internet Banking service which may be amended from time to time.

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 Company Stamp

Authorized Signatory Name _____ Authorized Signatory Signature

CBG Use Only

Company Authorized Signature Verified By	Authorized By (Manager)
Name	Name
Signature	Signature

Central Operations Use Only								
Data Captured By	Checked By	Application Ref. No.						
Name	Name							
Signature	Signature							

* Special characters and spaces are not allowed.

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