

APPLICATION FORM FOR INTERNET /MOBILE BANKING (FOR INDIVIDUALS)

Transaction Rights		(To be filled by Branch)		
View Only				
(If you are	e not aware of your Customer ID, ple	ase enquire from your base l	branch)	
CUSTOMER ID:				
ACCOUNT NO:				
NAME OF ACCOUNT HOLDE	ER:			
DATE OF BIRTH:	MARITAL STATUS:	MARRIAGE ANNI. DATE:		
		ANNI. DATE:		
DETAILS OF EXISTING ACC	STATUS:	ANNI. DATE:	ficient attach additional sheet)	
DETAILS OF EXISTING ACC	STATUS:	ANNI. DATE:	ficient attach additional sheet)	
DETAILS OF EXISTING ACC	STATUS: COUNTS TO BE LINKED FOR INTE	ANNI. DATE:	ficient attach additional sheet)	
DETAILS OF EXISTING ACC	STATUS: COUNTS TO BE LINKED FOR INTE	ANNI. DATE:	ficient attach additional sheet)	
Branch Name I/We wish to avail Mobile	STATUS: COUNT'S TO BE LINKED FOR INTER Name of Jt. A/C Holder Banking Facility ank of Baroda)	ANNI. DATE:	ficient attach additional sheet)	

Declaration:

I/We affirm, confirm and undertake that I/We have read and understood the Terms & Conditions for usage of the Bank of Baroda e-banking retail services and agree to them. I/We am/are aware that usage of Bank of Baroda e-Banking is governed by the terms and conditions which are displayed on

https://www.bobibanking.com the site maintained by Bank of Baroda and I/We have reviewed the contents of the same. I/We accept terms and conditions governing internet banking of Bank of Baroda 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 said terms and conditions by my/our act of accessing on www.bobibanking.com. I/We there by agree to be subject to and confirm with all the provisions of the terms and conditions which are incorporated by reference herein and deemed to be part of this application form the same extent as if such provisions had been set forth in full herein.

I/We do hereby indemnify and forever keep indemnified the Bank and its successors, assigns, from and against any and all claims, act, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the terms and conditions mentioned therein or any non compliance with any New Zealand statutes, including but not limited to sections 248 to 254 of the Crimes Act 1961.

Date :(in dd/mm/yyyy for	mat) Place:		
	Signature:		
Baroda e-banking retail services must have a separate User	r/Survivors. Each signatory to an account requiring access to		
For Office Use			
Branch Confirmation We confirm that 1. The customer details given above are correct and the same are recorded in CBS also; 2. We have verified the signatures of the customer as appended above; 3. All the accounts of the above customer have been linked to one CustomerID as given above. 4. We have enabled the above Customer ID for ebanking in Finacle-FVTM/CFTM; and 5. We recommend granting ebanking facility to the above customer. Signature of Branch Manager: Name of Branch Manager: Signature Number: Branch Alpha:	For Baroda Connect Operations Team User ID created on: Signature: Name: User ID dispatched on: Password dispatched on: Signature: Name:		