

CORPORATE NET BANKING APPLICATION FORM (ANNEXURE)

Please fill Annexure for restricting users to certain access level.
 Authorised Persons Details CORPORATE NET BANKING FACILITY

User Name (Full Name)	Email Id	Mobile No.	Account Numbers	Access Level
				<input type="checkbox"/> Maker <input type="checkbox"/> Checker <input type="checkbox"/> Dula: Maker & Checker <input type="checkbox"/> View Access Only
				<input type="checkbox"/> Maker <input type="checkbox"/> Checker <input type="checkbox"/> Dula: Maker & Checker <input type="checkbox"/> View Access Only
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				<input type="checkbox"/> Maker <input type="checkbox"/> Checker <input type="checkbox"/> Dula: Maker & Checker <input type="checkbox"/> View Access Only

_____ **(Applicant Signature)**

For Branch Office Use only :

Certified that this request is complete in all respect & all relevant documents are obtained & verified mode of operation and signature of the Account. This request has been personally submitted by the customer. I have satisfied myself about the identity of the customer by verifying his/her KYC documents & also his/her signature in Bank's record and done proper due diligence. The request may please be processed and request to activate the User ID.

Officer / Assistant Manager _____

Branch Manager/In-Charge _____

Emp. Code : _____

Emp. Code : _____

Date : _____ Branch : _____
