



APPLICATION FORM FOR INTERNET / MOBILE BANKING (FOR INDIVIDUALS)

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

branch/es						
				Application No.		
(If you are not aw	vare of your Customer ID, please enquire from your	base branch)		(To be filled by the Bran		
CUSTOMER ID*:						
ACCOUNT NO.:						
NAME OF ACCOU	NT HOLDER: Mr/Mrs/Miss					
DATE OF BIRTH: (In dd/mm/yyyy format) MARRIAGE ANNI' (In dd-mmm fo		L STATUS: Single	e/Married			
RESIDENTIAL STA	ATUS: Resident	☐ Non Resident				
OCCUPATION:						
PREFERRED USER I	PREFERRED USER ID: 1. 2. 3.					
(Minimum 6 characters - w	vill be allotted subject to availability)					
P. O Box No:	Postal code:		Place:			
Country:						
Email Address:						
Telephone Number:		Mobile Number:				
Branch Name	Name of Jt. A/C Holder	Account No.	Mode of operational			
Di unen i (une	Name of St. A/C Holder	Account No.	Wioue of operation)11		
			Self/ E or S/Anyo Survivors	ne or Survivor/		
I/We also wish to ava	ail Mobile Banking [§] facility		// /			
	For Mobile Banking 1.		2.			
	3.		4.			
⁸ (whenever offered	by Bank of Baroda)					

Declaration:

I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions as per annexure for usage of the Bank of Baroda e -Banking Retail services and agree I/We am/are aware that the usage of Bank of Baroda e-Banking is governed by the terms and conditions which are displayed on https://intl.bobibanking.com the site maintained by Bank of Baroda and I/we have reviewed the contents of the same. Further, I/we accept the 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 the said terms and conditions by my/our act of accessing on https://intl.bobibanking.com.

I/we thereby agree to be subject to and comply with all the provisions of the terms and conditions which are incorporated by reference herein and deemed to be part of this application form to 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 and assigns, from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the terms and conditions as per annexure mentioned therein.

Date:	(In dd/mm/yyyy fromat)				
Place:					
Signature	2:				
1.		Name & Designation:			
2.		Name & Designation:			
3.		Name & Designation:			
4.		Name & Designation:			
N.B.: Baroda e-banking Retail Services are provided only in those accounts where the mode of operation is one of the following -					
1) Self;	(2) Either or Survivor; (3) Anyone or Survivor/S	Survivors. Each signatory to an account requiring access to Baroda			

N.B.: Baroda e-banking Retail Services are provided only in those accounts where the mode of operation is one of the following - (1) Self; (2) Either or Survivor; (3) Anyone or Survivor/Survivors. Each signatory to an account requiring access to Baroda e-banking Retail Services must have a separate User ID and PIN and therefore a separate form must be used for applying for these services by each signatory to an account. For expeditious registration please ensure that all information given in the form is complete & correct.

Branch confirmation		For Baroda Connect Operations Team:		
We con	nfirm that			
1.	The customer details given above are correct and	User ID created on:		
	same are recorded in CBS also.			
2.	We have verified the signatures of the customer	Signature:		
	as appended above	Name:		
3.	All the accounts of the above customer have been			
7	linked to one Customer ID as given above	User ID dispatched on:		
4.	We have enabled the above Customer ID for			
- /	enabling in Finacle-FVTM/CFTM and	Password dispatched on		
5.	We recommend granting ebanking facility to the			
- /	above customer.	Signature		
. /				
Signature of Branch Manager:		Name:		
Name of the Branch Manager:				
Signature Number:				
Branch	Alpha:			
SOL ID:				