Bank of Baroda	1	Seychelles		BARODA CONNECT Corporate eBanking
Branch Name:			Ар	plication No
APPLICATIC	N FORM FOR INT	FERNET / MOBILI	E BANKING (FO	R CORPORATE)
		CUSTOM (If you ar		please enquire from your base branch)
I/We request you to register n NAME OF THE ACCOUNT		banking facility & link my/o	ur accounts with your bran	nch/other branch
ACCOUNT NO.:				
DATE OF INCORPORATI ACTIVITY:	ON / ESTABILISHMENT:			
	le Proprietorship 🛛 Partn t. Ltd. Co. 🗌 Publi	ership 🛛 LLC c Ltd Co. 🗌 Society	 Trust / Club Others Pl. Specify: 	
I wish to have any of the foll	owing CORPORATE-ID* for 2.	or Internet banking (4 to 8 o	characters length)	
* CORPORATE-ID will b		its availability.	_ 5	
COMMUNICATION ADD	RESS:			=
P. O Box No:	Postal code:	Place:		
Country :	Telephor	ne (O):	Fax:	
Email Address:		Mo	bile No:	
Details of any existing accourd (In case more number of accounts are to	nts to be linked for Internet be linked up, separate sheet may be at	: banking iached)		
Branch Name	Title of A/c.	Account No	Customer ID (Filled by branch)	Mode of Operation
I/We would also like to avail r	nobile banking*: Yes/No			
Mobile Numbers for Mob	1 ile Banking 3.	2	2	
	n on of our e-banking account a	dministrator for administratio	on of users and Internet bar	king services to be provided to nority given by us to the Bank.
Details of Account Administra Full Name:	ator:	Designation.		
Full Name: Contact Numbers: Please note:			ature:	
1. Allocation of User-ID, i.e. a and disable menus for Corpo	access of various accounts to differen orate Users and will create and mode	nt Users / divisions and maintenance ify pool of accounts.	e of the same will be done by you.	r Account Administrator. He will also en

- 2. Change in Limit mapping, designation mapping and hierarchy structure will be defined by the Bank on receiving written request from Account Administrator under signature of the authorized signatories.
- 3. Viewing option can be provided to any Corporate User by your Account Administrator. However, for transactional functionalities Annexure-I needs to be submitted with User wise details.

Declaration: [for Corporate]:

I/We have read the terms and conditions as per annexure II applicable to Bank of Baroda e-Banking Corporate services and agree to them. I/we am/are aware that the usage of Bank of Baroda e-banking Corporate is governed by the terms and conditions which are displayed on <htps://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 <htps://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. Necessary Resolution/Authorization is enclosed on the letterhead.

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 II mentioned therein.

Place:	Date:
Signature:	
1. 2.	Name & Designation:
3.	Name & Designation:
4.	Name & Designation:

Branch confirmation	For IBCOT:
We confirm that	
1. The customer details given above are correct and same are recorded in CBS also.	User ID created on:
2. We have verified the signatures of the customer as appended above	Signature: Name:
 All the accounts of the above customer have been linked to one Customer ID as given above We have enabled the above Customer ID for enabling in Finacle-FVTM/CFTM and 	User ID dispatched on: 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:	

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CORPORATE DETAILS

Sr. No	Details of Divisions / Sections within the Corporate	Details of Role / Designation with in the Corporate	Hierarchy with in the Corporate

CORPORATE USER DETAILS

Sr. No	Name of User	Preferred User ID	Date of Birth	Signature of User
1				

Please attach separate sheet if more details to be furnished.

I/We hereby confirm that mandate from the competent authority has been obtained. Necessary Resolution/Authorization is enclosed on the letterhead.

Signature:

2.	Name & Designation: Name & Designation:
3.	Name & Designation:
4.	Name & Designation:
Place:	Date: