

APPLICATION FORM FOR Net-Banking – Corporate

TO:	For Office use only
<i>The Branch Manager</i>	Application Sl.No.:
<i>Canara Bank</i>	
	Date:

I/We wish to apply to your internet banking services – ‘Net-Banking Corporate’ for my/our usage:-

Name of the Company / /Concern/Firm																											
Address:																											
	PIN:																										
Corporate email:																											
Customer-Id	1)	2)	3)																								
Account Nos. attached to the Customer-ID	a)	a)	a)																								
	b)	b)	b)																								
	c)	c)	c)																								
Details of the persons authorized to operate the above accounts through Internet Banking Solution:																											
	1)	Name: DOB : Tel : Email:	Name: DOB : Tel : Email:	Name: DOB : Tel : Email:																							
	2)	Name: DOB : Tel : Email	Name: DOB : Tel : Email	Name: DOB : Tel : Email																							
	3)	Name: DOB : Tel : Email	Name: DOB : Tel : Email	Name: DOB : Tel : Email																							
DOB: Date of Birth																											

Please provide the following Internet Banking Facilities for our above mentioned accounts to the above named persons. We have enclosed letter of authority/copy of Board Resolution to this effect.

1) **View & Query of account details including Bills, LCs, Guarantees etc.**

2) **Funds Transfer Facilities (Optional) –** **Tick, if required.**

Please provide funds transfer facilities including Initiation of Term Deposits, Letter of Credits, Guarantees, Stop payment instructions, Request for cheque books, Payment of Taxes, etc., Authorization letter / copy of Board Resolution to the following effect is enclosed (Applicable, only if Funds transfer facilities are opted).

- 1) Powers of each authorized person
- 2) Initiator/creator and authorizer privileges of transactions

3) E- Payment of Direct Taxes (Optional) - Required / Not Required
 If required, Please furnish PAN No. of the Firm/Company _____

TAN No. of the Firm/Company _____

Please create User-ids in the above names and for the purposes mentioned above

General Conditions:

1. The account number and customer details are as per the Bank records.
2. Transaction rights requested are to be registered in Bank records.
3. The Corporate needs to provide Resolution of the Board of Directors as per format, for this facility

Declaration:

I/We declare that I/we have read and understood the document containing the “Terms & Conditions” and “disclaimer clauses” governing Canara Bank’s Internet Banking Services available in the Bank’s Internet Banking Portal – www.canarabank.in and I/we accept the same. Further, I/we also agree that the transactions and requests executed in the above mentioned accounts through ‘Net-Banking under the User IDs and Password will be legally binding on the Company/Concern/Firm/us/me.

Date: **SIGNATURES OF THE AUTHORISED PERSONS / DIRECTORS**

FOR OFFICE USE ONLY

Customer ID _____

<i>Signatures, account no. and names of the applicant/s verified and found as per Bank’s records. Required services are enabled FCR module</i>	<i>Permitted for internet/mobile banking services</i>
Recommended for providing internet and / or Mobile Banking services. Enclosed the following: 1) Authority letter / Copy of Resolution 2) Letter containing powers and privileges of individual authorized signatories as required 3) Date: <i>Signature of the Officer-in-charge</i> Signing Power No.	Branch Stamp: Date: <i>Signature of the Branch-in-Charge</i> S P No.

In case the Application is rejected by the Branch:

	<i>Date</i>	<i>Official’s Signature</i>
Reason(s) for rejection of the application, which has been informed to the applicant:		

FOR DATA CENTRE USE ONLY

User Ids - 1) _____ 2) _____ 3) _____ Created/Authorized	User-Ids activated
Date: _____ Internet Administrator/s	Ref. & Date of Confirmation from the Branch: Date: _____ Internet Administrator