

APPLICATION FOR INSTANT BENEFICIARY IN INTERNET BANKING

													D	ate :	
The Branch Man	ager														DD/MM/YYYY
		Bra	nch												
		_													
I / We ha internet banking															activation in my
L. Account Name															
2. Account no.															
(Anyone accou	nt no. (C	A/SB/0	CC/FD0) (DC	which	n ha	ve a	ctiva	ated	l in i	nter	net	banl	king.	
3. Number of ben	eficiaries	s allow	v per d	ay. (Maxi	mur	n 5)								
I. Maximum Limit	of a ben	neficia	ry to in	ıstar	nt app	rov	e.								
(Maximum Lim	it is ₹ 50,	,000.0	0 for Ir	ndivi	idual	use	r an	d₹2	2,00	,000	0.00	for o	corp	orate	e user)
In figure ₹															
In Word															
5. Customer Id.															(To be field by branch
5. Signature (Requ	ired sign:	ature	of all i	oint	hold	ors i	or D	artn	ors	\a/i+l	n fir	m's	ادمءا	1	
7. 518. latare (nequ	irea signi	atui C	or an y	01110	noid	C. 3	0. .			*****		3	Jean	,	
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I hereby confirm that the mode of operation of the account(s) and signature(s) of the client are verified

Officer					
Name					
Emp. Code					
Signature					

	Manager
Name	
Emp. Code	
Signature	

Date	Place	
Note if any :		Branch
		Seal