



Saraswat Bank

THE SARASWAT CO-OPERATIVE BANK LTD. (SCHEDULED BANK)

CORPORATE INTERNET BANKING APPLICATION FORM

Branch: _____

Date: _____

(Please fill the form in **BLOCK** Letters only)

Details of Corporate /Partnership Firm / Entity:

Name of Corporate/Firm/Entity: _____

Constitution: Proprietorship Partnership Private Ltd. Public Ltd. Other

Communication Address:

Flat/Door No./Building Name: _____

Survey No./Road Name: _____

Area /Locality Name: _____

Nearest Landmark: _____

City: _____ State: _____ Country: _____ Pincode: _____

Phone (R): _____ Phone (O): _____

Residential Status: Resident Indian Non-Resident Indian Foreign National

Date of Incorporation: _____

Details of Domain User:

Domain User Full Name: _____

(Domain User should be one of the designated authorised signatories)

Domain Name/Administrator(Short Name): _____ *(This Name will be used by the Domain User while Logging in for Corporate Banking) (Maximum 8 characters. Alphabet and/or Number allowed)*

Mobile*: _____ Email ID*: _____

Details of Account to be Linked under Corporate Banking

Order	Bank Account Number	Account Operations	Customer ID**
Primary Account			
1 st Account			
2 nd Account			
3 rd Account			
4 th Account			
5 th Account			
6 th Account			

* **Mandatory field**

** **If you are not aware of your Customer ID, please enquire at your nearest branch**

Instructions:

- All transactions carried in the above mentioned account/s by use of Corporate Banking facility by corporate entity using maker, checker and authorizer, Saraswat Co-operative Bank Ltd. is not liable for any loss/damages.
- Saraswat Co-operative Bank Ltd. shall at all times be kept saved and harmless from all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which Saraswat Bank may at any time incur, suffer or sustain or as a consequence of or by reason or arising out of transaction carried out through the Corporate Banking facility.
- Corporate/Firm/Entity must exercise due care to see that the confidentiality of the Corporate Internet Banking password is maintained properly by it. Saraswat Co-operative Bank Ltd. shall not be responsible directly or indirectly for the leakage/loss of the password and thereafter the misuse by any person.
- Saraswat Co-operative Bank Ltd. shall not be responsible for any loss caused by any unauthorized transaction occurring through the use of Corporate Internet Banking which can be attributed to the fraudulent or negligent conduct of the Corporate / Firm / Entity and / or the user and / or the employee of the Corporate / Firm / Entity.
- Saraswat Bank shall at all times be informed of any changes in the operating instructions for Corporate Banking facility by furnishing necessary documents in writing and in such events to change the Corporate Banking passwords forthwith by the users.
- Saraswat Bank shall recover the applicable charges from the account.

Comprehensive Declaration:

I have read, understood and agree to all the terms & conditions including the interpretation rules, risk, limits, charges & other conditions. It will be applicable as updated from time to time under the heading "Terms and Conditions" for Internet Banking on Bank's website www.saraswatbank.com

I/We authorize the applicant to access the account(s) via the channels selected further. We accept and agree to be bound by the said terms and conditions for the use of Corporate Banking selected services.

I/We authorize the Bank to debit the applicable charges from the account.

I/We authorise the above applicant as the Domain User who will have following rights.

- a) Right to create Maker, Checker and Authoriser
- b) Right to define the role as Maker, Checker and Authoriser
- c) Right to assign the companies to the Maker, Checker and Authoriser
- d) Right to assign limits to the Maker, Checker and Authoriser

1) Name of the Proprietor/Partner/Director: _____

Signature: _____ (Company Stamp)

2) Name of the Proprietor/Partner/Director: _____

Signature: _____ (Company Stamp)

3) Name of the Proprietor/Partner/Director: _____

Signature: _____ (Company Stamp)

4) Name of the Proprietor/Partner/Director: _____

Signature: _____ (Company Stamp)

Application Accepted By:

Name: _____

Designation: _____

Employee Id: _____

Signature: _____

Date: _____

Verified By:

Name: _____

Designation: _____

Employee Id: _____

Signature: _____

Date: _____