

# CORPORATE INTERNET BANKING - REGISTRATION FORM(Annexure-I)

(To be filled by applicant only. Please fill the form in CAPITAL LETTERS & BLACK ink only)



## USER 2 (In case user does not have existing customer ID)

												Date		D	D	M	M	Y	Y	Y	Y																
*Name		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
Existing Customer ID		CKYCR No.										*Gender		M	F	T	^	*Third Gender		*DOB		D	D	M	M	Y	Y	Y	Y								
*Marital Status		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Others		Specify										*Citizenship																			
Maiden Name (if any *)		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
*Mother's Name		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
*Father's OR Name Spouse's		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
Email ID (In Capital Letters)																																					
ADDRESS	*Address Line 1																																				
	Address Line 2																																				
	*City												*Country												*District												
	*State												*PIN Code												Phone No.		-										
	*Mobile No +91												*PAN No.												NOTE : If PAN number is not provided, then Father's name of the applicant is mandatory		^ The Short name will be printed on Debit Cards, if applicable										
*Aadhaar No.												*^Short Name												Specimen Signature without Stamp		Please Paste the photograph here											
		Corporate Internet Banking		<input type="checkbox"/> View only (non-financial)		<input type="checkbox"/> Transaction (financial)																															
*Occupation		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Govt. sector		<input type="checkbox"/> Self employed		<input type="checkbox"/> Professional		<input type="checkbox"/> Business																									
		<input type="checkbox"/> House wife		<input type="checkbox"/> Politician		<input type="checkbox"/> Others		Please Specify																													
*Proof of Identity		<input type="checkbox"/> Passport		<input type="checkbox"/> Driving License		<input type="checkbox"/> Aadhaar		<input type="checkbox"/> PAN		<input type="checkbox"/> Voter ID		<input type="checkbox"/> NPR Letter																									
		Proof of Identification Number																				Expiry Date		D	D	M	M	Y	Y	Y	Y	(If applicable)					

## USER 3 (In case user does not have existing customer ID)

												Date		D	D	M	M	Y	Y	Y	Y																
*Name		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
Existing Customer ID		CKYCR No.										*Gender		M	F	T	^	*Third Gender		*DOB		D	D	M	M	Y	Y	Y	Y								
*Marital Status		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Others		Specify										*Citizenship																			
Maiden Name (if any *)		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
*Mother's Name		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
*Father's OR Name Spouse's		P	R	E	F	I	X	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E											
Email ID (In Capital Letters)																																					
ADDRESS	*Address Line 1																																				
	Address Line 2																																				
	*City												*Country												*District												
	*State												*PIN Code												Phone No.		-										
	*Mobile No +91												*PAN No.												NOTE : If PAN number is not provided, then Father's name of the applicant is mandatory		^ The Short name will be printed on Debit Cards, if applicable										
*Aadhaar No.												*^Short Name												Specimen Signature without Stamp		Please Paste the photograph here											
		Corporate Internet Banking		<input type="checkbox"/> View only (non-financial)		<input type="checkbox"/> Transaction (financial)																															
*Occupation		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Govt. sector		<input type="checkbox"/> Self employed		<input type="checkbox"/> Professional		<input type="checkbox"/> Business																									
		<input type="checkbox"/> House wife		<input type="checkbox"/> Politician		<input type="checkbox"/> Others		Please Specify																													
*Proof of Identity		<input type="checkbox"/> Passport		<input type="checkbox"/> Driving License		<input type="checkbox"/> Aadhaar		<input type="checkbox"/> PAN		<input type="checkbox"/> Voter ID		<input type="checkbox"/> NPR Letter																									
		Proof of Identification Number																				Expiry Date		D	D	M	M	Y	Y	Y	Y	(If applicable)					

**USER 4 (In case user does not have existing customer ID)**

*Name		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
Existing Customer ID		CKYCR No.			*Gender	M F T ^ ^Third Gender *DOB	
*Marital Status		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others <u>Specify</u>	*Citizenship		
Maiden Name (if any *)		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
*Mother's Name		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
Father's OR Name Spouse's		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
Email ID (In Capital Letters)							
ADDRESS	*Address Line 1						
	Address Line 2						
	*City		*Country		*District		
	*State		Phone No.		-		
	*Mobile No +91		*PAN No.		NOTE : If PAN number is not provided, then Father's name of the applicant is mandatory ^ The Short name will be printed on Debit Cards, if applicable		
*Aadhaar No.		*^Short Name					
		Corporate Internet Banking		View only (non-financial)		Transaction (financial)	
*Occupation		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. sector <input type="checkbox"/> Self employed <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> House wife <input type="checkbox"/> Politician <input type="checkbox"/> Others <u>Please Specify</u>					
*Proof of Identity		<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar <input type="checkbox"/> PAN <input type="checkbox"/> Voter ID <input type="checkbox"/> NPR Letter Proof of Identification Number                   Expiry Date                   D D M M Y Y Y Y (If applicable)					

Please Paste the photograph here

Specimen Signature without Stamp

35mm x 45mm

**USER 5 (In case user does not have existing customer ID)**

*Name		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
Existing Customer ID		CKYCR No.			*Gender	M F T ^ ^Third Gender *DOB	
*Marital Status		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others <u>Specify</u>	*Citizenship		
Maiden Name (if any *)		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
*Mother's Name		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
Father's OR Name Spouse's		P R E F I X	F I R S T	M I D D L E	L A S T	N A M E	
Email ID (In Capital Letters)							
ADDRESS	*Address Line 1						
	Address Line 2						
	*City		*Country		*District		
	*State		Phone No.		-		
	*Mobile No +91		*PAN No.		NOTE : If PAN number is not provided, then Father's name of the applicant is mandatory ^ The Short name will be printed on Debit Cards, if applicable		
*Aadhaar No.		*^Short Name					
		Corporate Internet Banking		View only (non-financial)		Transaction (financial)	
*Occupation		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. sector <input type="checkbox"/> Self employed <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> House wife <input type="checkbox"/> Politician <input type="checkbox"/> Others <u>Please Specify</u>					
*Proof of Identity		<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar <input type="checkbox"/> PAN <input type="checkbox"/> Voter ID <input type="checkbox"/> NPR Letter Proof of Identification Number                   Expiry Date                   D D M M Y Y Y Y (If applicable)					

Please Paste the photograph here

Specimen Signature without Stamp

35mm x 45mm

Name of Authorized Signatory 1

Name of Authorized Signatory 2

Name of Authorized Signatory 3

Signature and Stamp

Signature and Stamp

Signature and Stamp