

CORPORATE INTERNET BANKING - REGISTRATION FORM

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

CUSTOMER REGISTRATION New Existing

Company Name			
ADDRESS	*Address Line 1	REGISTERED ADDRESS	
	Address Line 2		
	*District		*City
	*State	*PIN Code	Country
<input type="checkbox"/> Please tick if the Address is same as above			
ADDRESS	*Address Line 1	CORPORATE ADDRESS	
	Address Line 2		
	*District		*City
	*State	*PIN Code	Country
Contact Person Name			
Contact Person Email			
Designation		Mobile Number	

CUSTOMER ID	ACCOUNT NO.	ACCOUNT CODE
		A
		B
		C
		D
		E
		F
		G

Please select the options required

<input type="checkbox"/> ONSCREEN	<input type="checkbox"/> BULK UPLOAD
<input type="checkbox"/> SINGLE PAYMENT REQUEST	PLEASE FILL CHECKLIST SEPARATELY FOR BULK UPLOAD RIGHTS.
<input type="checkbox"/> OWN ACCOUNT TRANSFER	
<input type="checkbox"/> STANDING INSTRUCTION (SI)	
<input type="checkbox"/> SELF SERVICE REQUEST(SR)	

Authorization Matrix Parallel Sequential (For details kindly refer instructions)

Allow Run time Beneficiary Yes No

*Allow Skip Yes No [†]If allow skip is selected as 'Yes' then user needs to provide authorization priority in declaration or in board resolution

USER ACCESS RIGHTS [Viewer, Maker, Self Checker and Checker]

Access Rights	Name & Cust Id linked to the account in case available	Email	Mobile No.	Account Codes	Transaction Limits	Product
VIEW ONLY MAKER CHECKER SELF CHECKER*					From: To:	ONSCREEN BULK STANDING INSTRUCTION SERVICE REQUEST
VIEW ONLY MAKER CHECKER SELF CHECKER*					From: To:	ONSCREEN BULK STANDING INSTRUCTION SERVICE REQUEST
VIEW ONLY MAKER CHECKER SELF CHECKER*					From: To:	ONSCREEN BULK STANDING INSTRUCTION SERVICE REQUEST
VIEW ONLY MAKER CHECKER SELF CHECKER*					From: To:	ONSCREEN BULK STANDING INSTRUCTION SERVICE REQUEST
VIEW ONLY MAKER CHECKER SELF CHECKER*					From: To:	ONSCREEN BULK STANDING INSTRUCTION SERVICE REQUEST

* SELF CHECKER will be able to enter and authorize transaction singly
 † Please keep transaction limit column blank for maker.
 ‡ Default limit will be INR 25 Lakhs if limit not provided.

• Common mobile no and email cannot be used for different user's
 • Mode of Operation Should be clearly mentioned on BR or Declaration

CHECKLIST- for Bulk RTGS/NEFT/Funds transfers within AUSFB (Single File) through Net Banking

Transaction Authorization	<input type="checkbox"/> Transaction Level	<input type="checkbox"/> Batch Level
Advice file required	<input type="checkbox"/> Yes <input type="checkbox"/> Email <input type="checkbox"/> SMS	<input type="checkbox"/> No
Debit Entry in Client Account	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Multiple
Bulk File format type	File will be uploaded in prescribed excel format provided by bank only.	
Bulk file upload functionality	File will be process by payment method wise (please refer instruction)	

USER 1 (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	*Gender			M F T ^	^Third Gender	
*Marital Status		Married	Unmarried	Others	*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 Spouse'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
Email ID (In Capital Letters)						
ADDRESS	*Address Line 1		*District			
	Address Line 2					
	*City	*Country			*PIN Code	
	*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		Specimen Signature without Stamp		Please Paste the photograph here 35mm x 45mm	
Corporate Internet Banking		View only (non-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						
*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 (If applicable)						

Corporate Internet Banking - FORM FILLING INSTRUCTIONS

- | | |
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| <p>I. Payment Method use in the file will as per below codes</p> <ol style="list-style-type: none"> RTGS - for Rtgs transactions. NEFT - for Neft transactions IFT - for internal fund transfer | <p>II. User Rights Definition</p> <ol style="list-style-type: none"> VIEW ONLY - Will only have the view and statement download access MAKER - Can initiate single or bulk transactions CHECKER - Can authorize the transactions initiated by maker SELF CHECKER - Transaction initiated does not require authorization |
|--|--|
- III. Parallel authorization matrix means whenever a transaction is initiated from maker ID it will be send to all authorizers simultaneously. If skip is allowed then highest priority authorizer approves the transaction and transaction will get posted
- IV. In sequential authorization matrix transaction is visible to authorizer when previous (lower priority) approver has approved the transaction. Skip is not allowed in sequential authorization matrix

TERMS, CONDITIONS & DECLARATIONS

I/We have read, understood and hereby agree to the terms and conditions as applicable to the banking services selected by me/us for the operations of my/our account as set forth on the website <https://www.aubank.in/terms-and-conditions> and that I/we will adhere to all the terms and conditions applicable.

I/We are aware of charges applicable for banking services and I/we further authorize AU Small Finance Bank Limited to debit my/our account(s) towards any charges for the selected banking services.

I/We declare, confirm and agree:

- That all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/we have not withheld any information. I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We and undertake to provide any further information that AU Small Finance Bank Ltd. may require.
- That I/we have had no insolvency proceedings initiated against me/us nor have I/we ever been adjudicated insolvent

Name of Authorized Signatory 1	Name of Authorized Signatory 2	Name of Authorized Signatory 3
Signature and Stamp	Signature and Stamp	Signature and Stamp

BANK USE SECTION

To be filled by the sourcing staff

Emp. Name & Designation	Signature of Sourcing Staff	Signature of ABM/BM
Branch Code		
Branch Name		