

Corporate Internet Banking Form for Non- Individual

Account title

CUST ID

PER DAY TRANSACTION LIMIT FOR CORPORATE (in Rs)

In Figures In Words _____

USER DETAILS*	User 01	User 02	User 03
Request Type	<input type="checkbox"/> New user <input type="checkbox"/> Modification <input type="checkbox"/> Deletion <input type="checkbox"/> Duplicate password	<input type="checkbox"/> New user <input type="checkbox"/> Modification <input type="checkbox"/> Deletion <input type="checkbox"/> Duplicate password	<input type="checkbox"/> New user <input type="checkbox"/> Modification <input type="checkbox"/> Deletion <input type="checkbox"/> Duplicate password
Name of User			
CIF			
Mobile Number			
Registered Email ID	@_____	@_____	@_____

*Fill all fields in this section mandatorily. Mobile number & email ID registration is mandatory for:
 a) Making financial transactions through CIB & b) For online setting / resetting of password

Transaction Limit (in Rs.)	User 01	User 02	User 03
Per Transaction			
No. of Approver(s) required	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	User 01	User 02	User 03
User Profile (Select any one)	Maker <input type="checkbox"/>	Maker <input type="checkbox"/>	Maker <input type="checkbox"/>
	Checker <input type="checkbox"/>	Checker <input type="checkbox"/>	Checker <input type="checkbox"/>
	Authoriser <input type="checkbox"/>	Authoriser <input type="checkbox"/>	Authoriser <input type="checkbox"/>
	Viewer <input type="checkbox"/>	Viewer <input type="checkbox"/>	Viewer <input type="checkbox"/>
Channel for OTP	SMS <input type="checkbox"/>	SMS <input type="checkbox"/>	SMS <input type="checkbox"/>

Maker* - the user can ONLY initiate financial transaction, Checker - the user can ONLY approve financial transactions, Authorizer* - the user can enter & authorise financial transactions, Viewer - the user has only view rights and cannot enter / authorise financial transactions. Maker & Checker, Checker & Authorizer can also be opted together.
 OTP One time password for 2 - factor authentication.

Account(s) to be linked /delinked	User 01	User 02	User 03
Account No 1	_____	_____	_____
	Link <input type="checkbox"/> Delink <input type="checkbox"/>	Link <input type="checkbox"/> Delink <input type="checkbox"/>	Link <input type="checkbox"/> Delink <input type="checkbox"/>
Account No 2	_____	_____	_____
	Link <input type="checkbox"/> Delink <input type="checkbox"/>	Link <input type="checkbox"/> Delink <input type="checkbox"/>	Link <input type="checkbox"/> Delink <input type="checkbox"/>
Account No 2	_____	_____	_____
	Link <input type="checkbox"/> Delink <input type="checkbox"/>	Link <input type="checkbox"/> Delink <input type="checkbox"/>	Link <input type="checkbox"/> Delink <input type="checkbox"/>

Fincare Small Finance Bank Limited

DECLARATION BY AUTHORISED SIGNATOIRES

I / We accept that I/ We are empowered by the Board Resolution (or equivalent) dated _____ to authorise users to operate accounts mentioned in the application form.

I / We confirm that the details mentioned in the application form are correct and the email ID provided is official.

I / We are aware of the fact that the facility of Corporate Internet Banking is granted solely at our request and that the Bank shall in no way be responsible for any kind of hacking and / or phishing attacks and / or cyber related crime, which may take place or happen in the account during the pendency of the facility and which may result in a loss due to the transfer of the funds from my / our account to the third party's account. I / We are also aware of the fact that while Bank has taken all necessary available precautions the chances of such attacks by third parties cannot be ruled out in any view of the matter the Bank shall stand indemnified from any such claims from our side.

I / We have read and agree to abide by the terms and conditions governing Corporate Internet Banking / and understand that any changes to the terms and conditions will be available on the website www.fincarebank.com

I / We shall advise the Bank immediately in case of any change in the above details including the addition and deletion of user and the information given in the Application form.

I/We accept & are aware that the CIB users will have option to generate/reset their password online.

I/we understand and agree that the Bank charges one-time cost for issuance or replacement of one touch device.

SEAL & SIGNATURE OF AUTHORISED SIGNATORY

Name: _____

Place: _____ Date _____

Seal & Signature

Name: _____

Place: _____ Date _____

Seal & Signature

Name: _____

Place: _____ Date _____

Seal & Signature

FOR OFFICE USE ONLY

Certification by Verifying Authority

I hereby confirm that the mode of operation of the account(s) and signature(s) of the client are verified and limits assigned to each user for transacting through Corporate Internet Banking are in conformity with the Board Resolution for operating the account (s).

Date Branch Code Branch Name _____

Name _____

Employee Number _____

Designation _____

Name _____

Employee Number _____

Designation _____