



(H.O.: LOKMANGAL, 1501, SHIVAJINAGAR, PUNE 411005)

Application For Internet Banking, Mobile Banking and Phone Banking (All fields with * are mandatory to be filled) To be filled in Capital Letters only

	ch Manager, c of Maharashtra,				
Dank	or Manarashira,	Branch	i.		
	vish to apply as under: e of the Applicant/Acc	ount/Title. M/s.			
Maili	ng Address:*				
City		St. 4. *	7. 6.		
	l Address:*				
Mobi Accou	e No. with STD Code.' le No(s)of Authorised unt No*:: of Incorporation / Estal	Signatories To Accou	Activity:	PAN No	TAN No
(Pl. ticl		Sole Proprietorship Pvt.Ltd co.	HUF Public Ltd.Co	Partnership Society	Trust Others Pl.Specify:
□ I □ M	/ We have an Internet Iy/Our Internet Bankir	Banking User Id, bu	t do not remember it	and I /We want to be resen	our accounts given below. It to me along with passwords. Transaction/both password(s). Ven below to it.
Mol	oile Banking				
	/e want to apply for me /e forgot/lost our mobi			thtra in respect of all our actobile banking TPIN.	ecounts mentioned below.
Pho	ne Banking				
□ W □ O₁	e have a Phone Bankii ur phone banking Us	ng User Id, but do no ser Id is	t remember it and we	Please link our accou- want it to be resent to us al nd us Login /Transaction other accounts given below	ong with TPIN(s) 1 / both TPIN(s)
Acco	ount Details.*				
Sr. No.	Account Number	Branch Name	Branch CODE	Mode of Operation	CIF Number [For office use]

Sr.No.	Full Name		Details of Division	ns/Sections w	ithin the corpor	Co	etails of Role/D orporate tart from 0=Lov	esignation with invest)
	- 85120 0 1		- 1 1 10 11					
Cor	porate User Details* (A)				*			
r.No.	Name & Address of User	Birth Date	Place of Birth	Mother's	Maiden Name	Acc Option		Signature of User
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7								
Cor :No.	porate User Wise Limits Name of User	Individual login Id	Transfer* (B) Designation/role			pproving L	imit One approval	Individual User Id by which approval reqd
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					From Rs.	10 Ks.	Reqd	
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eyed i itiato lease We he	ator is the Individual user init in by the initiator.3. Initiator a r and approver. attach separate sheet if more ereby confirm that mandate filetterhead.	and approver	cannot be the sa	me individu	al. 4. Any fur	id transfer	request neces	sarny win invo
gnat		2 50	5 8G					
			Address					
_	Name,D	esignation&/	Address		3			
	Name,D	esignation&/	Address					
	Name,D	esignation&	Address					
	ils of official Authorised to d			(*		Desi	gnation	
ddres	s: ils of official Authorised to d	o Mobile/SM	S Banking. Nam	ie:		D	esignation	
	s _& Mobile No							

Declaration

We affirm, confirm and undertake that we have read and understood the Terms and Conditions applicable for usage of Bank Of Maharashtra Internet Banking, Mobile Banking and Phone Banking services of the Bank. We are aware that the usage of Bank of Maharashtra Internet Banking, Mobile Banking and or Phone Banking- is governed by the terms and conditions which are displayed on www.bankofmaharashtra in the site maintained by Bank Of maharashtra and we have read & understood the contents of the same. Further, we unconditionally accept the terms and conditions governing internet banking, mobile banking and or phone banking of Bank of Maharashtra applicable for bank accounts as displayed on bank's website. We accept and agree it. We are aware of the contents of terms and conditions and that all our rights and liabilities would be governed by the said terms and conditions by our act of accessing on www.bankofmaharashtra.in. We hereby agree to be subject to and comply with all the provisions of the terms and conditions which are incorporated by reference herein and deemed to be part of this application form to the same extent as if such provisions have been put forth in full herein. Necessary Resolution/Authorisation are enclosed on the Letterhead.

We hereby declare that all particulars and information given in this application form (and all documents referred or provided there with) are true, correct, complete and up-to-date in all respects and we and other authorized account users have not withheld any information from bank. We understand that certain particulars given by us are required by the operational guidelines governing banking companies. We agree and undertake to provide any further information that Bank Of Maharashtra may require.

We do hereby indemnify and forever keep indemnified the Bank and its successors and assignees from and against and all claims, actions, penalties that may be made, suffered or incurred by reason of non observance of any of the terms and conditions mentioned therein.

We agree and understand that Bank Of Maharashtra reserves the right to reject any application without providing any reason. We agree and understand that Bank of Maharashtra reserves the right to retain the application form and documents provided therewith and will not return the same to us.

Signature:		
1	Name & Designation	PAN No
2	Name & Designation	PAN No,
3	Name & Designation	PAN No
4	Name & Designation	PAN No
Place :		
Date :		
	FOR OFFICE US	E ONLY
		(To be certified by branch only
and found correct. Th	in the application form including signature of the cus ne KYC norms are also adhered to while opening th at Lokmangal, Central Office, Pune. 411005.	tomer and mode of operation of the account/s is/ are verifie e account. The application is sanctioned and forwarded to
and found correct. Th	ne KYC norms are also adhered to while opening the	e account. The application is sanctioned and forwarded t Signature of the Branch Manager.
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