

APPLICATION FORM FOR INTERNET BANKING (FOR INDIVIDUALS)



Name of Joint A/c Holder		ACCOUNT NUMBER					Mode of Operation	
Details of existing accounts to be linked for Internet	Banking (if space in	sufficient	attach a	dditional			
Email Address:								
Telephone Number:								
Communication Address:								
4) Cannot contain spaces.								
2) Minimum length is 6 and maximum length is 1 3) Cannot contain special characters like * ,_, @, &	I							
Guidelines for Preferred User ID* selection: 1) The first character has to be an alphabet only	Γ							
Occupation:								
Date of Birth: DD - MM -Y Y Y Y	atus:				Sex: M	F		
Account Name:								
Account Number:								
Customer ID*:								
View only								
Transaction Rights								



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Declaration:

I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Bank of India e-Banking Retail services and agree to them.

I/We am/are aware that the usage of Bank of India e-Banking is governed by the terms and conditions which are displayed on https://www.bankofindia.co.in the site maintained by Bank of India and I/we have reviewed the contents of the same. Further, I/we accept the terms and conditions governing internet banking of Bank of India applicable for bank accounts as displayed on bank's website. I/We accept and agree that I/we are aware of the contents of the terms and conditions and that all my/our rights and

liabilities would be governed by the said terms and conditions by my/our act of accessing on https://www.bankofindia.co.in.

I/we thereby 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 had been set forth in full herein.

I/We do hereby indemnify and forever keep indemnified the Bank and its successors and assigns, from and against any

and all claims, actions, penalties that may be made, suffere	d or incurred by the Bank by reason of non-compliance of
any of the terms and conditions mentioned therein.	
Date:	
Place:	
	Signature of Account Holder
FOR BAN	K USE ONLY
Application SI. No	Date of Receipt:/
We confirm having verified the signatures and mandates f	or the accounts including those of joint account holders.
We also confirm that KYC norms have been complied with	by the account holder(s) . Recommended for extending
BOIUL e-Banking facilities.	
Signature of Manager:	
Name of Manager:	
Date: / /	