

## ORIENTAL BANK OF COMMERCE (A GOVT. OF INDIA UNDERTAKING)



## APPLICATION FORM FOR REGISTRATION AS INTERNET BANKING SUBSCRIBER

BRANCH NAME :									
I/ We request you to enroll me/ us as Internet Banking Subscriber for operating my/our accounts mentioned below:									
1) Inquiry only     2) Inquiry, Requests and Financial Transaction ( Fund Transfer, Utility Payment, e-Remit etc.)									
3) Add-On-Application									
Details	Account Holder(s) Name Nature of Account (SB/CA/CC/OD/ TD/ GSB)		Account Number (Client-ID incase Constitution of GSB a/c)		Use	Customer-ID / DP ID	Mode of Operation	DCREQ No.	
		,	,		U HS				
Account					Branch				
Acc					For E				
	MAXIMUM 3 USERS ARE PERMITTED. EACH USER SHALL SPECIFY 3 CHOICES OF HIS/ HER LOG-IN NAME PREFERENCE CONSISTING								
iBanking >>>	MAXIMUM 3 USERS ARE PERMITTED. EACH USER SHALL SPECIFY 3 CHOICES OF HIS/ HER LOG-IN NAME PREFERENCE CONSISTING MINIMUM 6 AND NOT EXCEEDING 10 ALPHANUMERIC CHARACTERS.								
	Mr./Ms Name		Mr./Ms			Mr./Ms Name			
	Login Preference (User1)		Login Preference (User2)		'	Login Preference (User3)			
	1)		1)			1)			
V V									
STRATION FOR	2)		2)			2) [ ] [ ] [ ] [ ] [ ] [ ]			
	3)		3)			3)			
ISTR.	E-Mail Address		E-Mail Address			E-Mail Address			
REGI	Makila Niverbas					Mah da Numban			
Mobile Number Mobile Number Mobile Number Mobile Number  Mailing Address <									
Flat	/House No. and Building N	Name if any	Road Name/ Number			Location			
City PinCode			Nearest Landmark			Phone			
User Authorisation  I/ WE HAVE READ AND AGREE TO ABIDE BY THE TERMS & CONDITIONS** GOVERNING << iBanking >> AND  AGREE TO ANY OTHER CHANGES TO BE MADE BY THE BANK FROM TIME TO TIME AND REQUEST YOU TO									
PROVIDE ACCESS AS REQUESTED ABOVE.									
Signature								ser3	
								OPISED	
Authorisation Other Than Users (ALL OTHER JOINT a/c HOLDERS, PARTNERS OF PARTNERSHIP FIRM AND AUTHORISED SIGNATORIES OF COMPANIES INCORPORATED/ HUF SHALL SIGN HERE UNDER PROPER SEAL)									
I/ WE HAVE READ AND AGREE TO ABIDE BY THE TERMS & CONDITIONS** GOVERNING << IBanking >> AND AGREE TO ANY OTHER CHANGES THEREIN TO BE MADE BY THE BANK FROM TIME TO TIME. I/ WE AUTHORISE THE ABOVE MENTIONED USER/S TO ACCESS AND OPERATE THE ABOVE MENTIONED ACCOUNTS.									
Signature			Signature		5	Signature			
NAME: NAME: NAME:									
FOR BANK USE  CERTIFIED THAT THE ADDRESS, SIGNATURE/S OF THE ACCOUNT HOLDER/S AND MODE OF OPERATION ARE AS PER THE BRANCH RECORDS AND RECOMMENDED FOR () Inquiry only () Inq., Request and Financial Txns () Add-On-Application									
Entered in DCREQ : VERIFIED BY :									
Sig	nature of Authorised Of	fficials S	Signature of Authorised Officials			INITIALS INITIALS		TIALS	