



Kallappa Anna Awade Ichalkaranji Janata Sahakari Bank Ltd.

(Multi-State Scheduled Bank)

INTERNET BANKING APPLICATION FORM (RETAIL/CORPORATE)

Date : / /

To,

The Branch Manager

.....Branch

I/We wish to register as a user of '**KAIJS**' Bank's Internet Banking Service.

Name of the Applicant : (For Retail Customer only)

Surname	First Name	Middle Name

Name / Title of the Company / Partnership / Sole Proprietorship :
(For Company / Partnership / Proprietorship only)

Mailing Address :

..... PIN :

E-mail Address : @

Phone No.: Mobile No.

PAN/TAN No. (If any) :

Date of Birth (DD/MM/YYYY) (For Retail Customer Only)

Accounts to be linked to online Banking (For Retail Customers)

Nature of Bank Account	Account Number	Branch	Name of Joint A/c. Holders	Customer ID (For Official Use)



Statement by Email :

I/We wish to subscribe for receiving account statement(s) by Email, on the Email address as in the Bank's record/mandated in this application form.

Declaration (for both Retail & Corporate) :

I/We, through this Retail Channel Registration Form, Do hereby request KAIJSB to allow me/us to access and use the channell services. I / We affirm, confirm and undertake that I/We have read understood and I / We agree to abside by the provisions contained in the Terms & Conditions. Privacy Policy and Disclaimer displayed on Bank's website : **www.ijsbank.com** for usage of KAIJSB Internet Banking and accept them and also agree to abide by any amendments to such Terms and conditions, which may be prescribed by Bank time to time. I / We declare that all the particulars and information given in this application form are true, correct and complete and upto date in all respects or its sole discretion, discontinue any Services completely or partially without any prior notice to me/us.

I/We agree and hereby authorize the Bank to debit my/our account/s for any service charges, as may be applicable from time to time (or amended as per the Schedule Charges/Fee)

I / We agree and understood that **Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd.** reserves the right to reject my/our application without assigning any reason. The Bank reserves the right to retain the application forms to me / us. Necessary resolution / Authorization are enclosed.

(Declaration to be submitted in the case of partnership firms on the requisite stamp paper and copy of resolution is to be submitted in the case of limited Companies on the letter head duly signed by the authorized Official of the company along with seal.)

Mandate/Indemnity :

I/We the undersigned, am/are the joint account holder (s) of Bank Account No. (The "said account's") opened with Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd. along with (Name of the first holder.) I/We hereby authorize to view / access (Name of the first holder) the said account (s) for and on my / our behalf,

I/We do hereby indemnify forever keep indemnified the Bank and its successors and assigns from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the Terms and Conditions of Internet Banking.

Signature of Customer / Joint A/c. holder	1)
SEAL (For Proprietor / Partnership / Company)	2)
	3)
	4)

Place : _____ Date : / /

For Use at Branch :

We Confirm having verified the signatures and mandates. 'KAIJSB Internet Banking' facilities recommeded. Copy of Board Resolution / declaration on stamp paper for Corporate Seeking transaction facility is enclosed.

Signature of Branch Manager / ABM

Branch Name :	BranchManager / ABM Name : Date : / /
For Head Office Use (DATA CENTER)	User ID created on..... I I by signature User ID Authorised on..... I I bysignature