## **Registration / Application Form for DCB Business Internet Banking**

## DCB BANK

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Applicant / Acco	ount	Nam	ie:																																
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Account No. 2										Acco	unt No	3										
Account No. 4										Signa	ture of	User										
<ul> <li>2. Account Holder's Declaration, Request and Authorization:</li> <li>a) We maintain an account with DCB Bank Limited in the name of our firm / company as above.</li> <li>b) We have read and understood Bank's Terms and Conditions in relation to the DCB Business Internet Banking facility (copy of which was provided to us) and agree to abide by them and to the amendments thereto from time to time made at the sole discretion of the Bank.</li> <li>c) We hereby request you to grant us DCB Business Internet Banking facility subject to the Bank's Terms and Conditions for DCB Business Internet Banking facility to be operated by us (as per list of users mentioned herein above) in terms of our DCB Business Internet Banking mandate stated herein above.</li> <li>d) We hereby authorize the Bank to recover / debit from our account/s all charges and costs in relation to DCB Business Internet Banking facility as and when due and not reimbursed by us to the Bank forthwith.</li> <li>e) We further request you to provide transaction access to the designated users as per the terms of our DCB Business Internet Banking mandate stated herein above.</li> <li>f) We enclose herewith a copy of the resolution passed in a duly convened meeting of our Board of Directors / Members of the Managing Committee / Board of Trustees in the prescribed format, in terms of which this application is made or We enclose herewith a copy of the partnership declaration letter, in the prescribed format, in terms of which this application smade.</li> <li>g) We understand that notwithstanding this mandate, the aforesaid Maker - Checker authorization shall not be applicable for Payment Gateway transactions and the same shall be processed through single user authorization only.</li> <li>j) Payment Gateway transactions does not require any authorization and they are executed immediately after initiation.</li> </ul>																						
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Name(s) of Authorizer

Designation

Signature with rubber stamp

(As per declaration letter / Board resolution)

Refer to on our website http://www.dcbbank.com/cms/showpage/page/forms-business-internet-banking\_\_\_\_\_\_ for the below appearing supporting documents, to be enclosed along with this Application Form for DCB Business Internet Banking

Constitution	Supporting Documents
Public Limited Company	Format I
Private Limited Company	Format I
Partnership Firm	Format II
Limited Liability Partnership Firm	Format III
Society	Format IV
Trust	Format V

## For Office Use - Branch

Application for DCB Business Internet Banking approved	(Branch Head / BSOM / CMS PSM)
Name:	Designation:
Mobile No.:	Date: D D M M Y Y Y Y
Signature:	