

JANA SMALL FINANCE BANK

Customer Type*

Details Of Corporate*

Details of Corporate Internet Banking

User Details

V 001/30.08.2019

CORPORATE INTERNET BANKING ACCESS REQUEST FORM

User Roles/Rights Details

Role/Rights Type	User 1	User 2	User 3
Viewer			
Maker			
Checker (One approver is mandatory if corporate is opting for checker rights)	<input type="checkbox"/> Authoriser <input type="checkbox"/> Approver <input type="checkbox"/> Both	<input type="checkbox"/> Authoriser <input type="checkbox"/> Approver <input type="checkbox"/> Both	<input type="checkbox"/> Authoriser <input type="checkbox"/> Approver <input type="checkbox"/> Both
Both (Maker & Checker)			

*Tick only One box for each user

Limit Details for User

	User 1	User 2	User 3
Limit Frequency *	Per Transaction Limit		
Limit Amount(In figures)*			
Limit Amount(In words)*			
Unlimited			

*Provide the limit details for each user and the amount against it.

Transaction Details for Users*

	User 1	User 2	User 3
Own Account			
Third Party Account			
Both			

* Tick only One transaction type against each user

Account Linking / Delinking Details for User

	User 1	User 2	User 3
Accounts Numbers			

* Provide the account number against each user for which the user will have the access rights. As per bank, user with no account filled will get access to all the accounts mentioned in this CIB form.

User Validity

	User 1	User 2	User 3
User Validity End Date			

*Please write a specific date against every user. Write NA for not prescribing validity end date for users.

Seal & Signature of Authorised Signatory	
Name :	
Place :	Date:

Seal & Signature of Authorised Signatory	
Name :	
Place :	Date:

Seal & Signature of Authorised Signatory	
Name :	
Place :	Date:

Seal & Signature of Authorised Signatory	
Name :	
Place :	Date:

* To be sealed and signed by authorised signatory as per board resolution

Declaration By Authorised Signatory

I/We declare that all the particular and information given/filled in this form are true, correct and up to date in all respects and I/we have not withheld any information. I/We are aware of the fact that the Corporate Internet Banking facility is granted solely at our request and that the bank shall in no way be responsible for any kind of hacking and/ or phishing attacks and/ or cyber related crime, which may take place or happen in the account during the operation of the account and which may result in a loss due to the transfer of the funds from my / our account to the third party's account. I/We are also aware of the fact that while bank has taken all necessary available precautions, the chances of such attacks by third parties cannot be ruled out in any view of the matter the bank shall stand indemnified from any such claims from our side.

That the users are authorised by the Company / Organisation's Resolution dated _____ to avail the Corporate Internet Banking (CIB) facility to the existing account with Jana Small Finance Bank and agree to the terms and conditions of CIB in addition to the terms of the Account maintained with Jana Small Finance Bank.

I/We have read and agree to abide by the terms and conditions governing Corporate Internet Banking and understand that any changes to the terms and conditions will be available on the website www.janabank.com only. I/we acknowledge the enclosed Corporate Internet Baking prevailing terms and conditions.

I/We hereby request Jana Small Finance Bank Limited ("Bank") to activate safety net offered by the bank to carry out transactions using Corporate Internet Banking in my/ our account stated above to the stated Mobile Number of Authorised official. I/We give my/our consent to receive such information/OTP on the said mobile numbers of the authorised user. I/We agree to provide any further information required and demanded by the bank, from time-to-time, for providing this safety net facility. For every user mandatorily OTP for transaction will be implemented by the bank.

I/We agree to provide duly filled and signed CIB Access form every time for any modification/addition/deletion request for any of the parameters present in the CIB Access form, after the CIB on-boarding.

I/We shall not hold bank responsible for any damages or losses caused by bulk file upload transactions and bank shall not be liable to validate any beneficiary for bulk file upload transactions by the corporate.

I/We shall advise the bank immediately in case of any change in the above details including the addition and deletion of user and the information given in the Application form.

I/we agree that the transactions and requests executed in the above mentioned account/s through 'Corporate Internet Banking under the User IDs and Password will be legally binding on the Company/Concern/Firm/us/me.

I/We agree to all the Terms and Conditions of Corporate Internet Banking of Jana Small Finance Bank Limited.

Seal & Signature of Authorised Signatory		
Name	:	
Place	:	Date:

Seal & Signature of Authorised Signatory		
Name	:	
Place	:	Date:

Seal & Signature of Authorised Signatory		
Name	:	
Place	:	Date:

Seal & Signature of Authorised Signatory		
Name	:	
Place	:	Date:

For Office Use Only

CIB access to be provided for (select only one):

- | | | | | | |
|--|---|------------------------------|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> Current Account | <input type="checkbox"/> Savings Account | <input type="checkbox"/> HUF | <input type="checkbox"/> Trust Account | <input type="checkbox"/> Vostro | <input type="checkbox"/> Overdraft |
| <input type="checkbox"/> Cash Credit | <input type="checkbox"/> Rural Lending (Agri) | | | | |

Certification by Verifying Authority

I hereby confirm that the mode of operation of the account(s) and signature(s) of the client are verified and limits assigned to each user for transacting through Corporate Internet Banking are in conformity with the board resolution for operating the account(s).

Date: Branch Code: Branch Name:

Name	:
Employee ID	:
Designation	:

Name	:
Employee ID	:
Designation	:

Guidelines to Fill the Form

This form can be used for following requests:

1. New GROUP ID/ LOGIN ID creation.
2. Existing CIB user rights modification viz. Limits, Profile, Account Linking etc.
3. Mobile Number/ Email Id Registration/ Modification.
4. Linking/ Delinking of Accounts.
5. All * marked fields are mandatory for new CIB requests.
6. For modification request fill only the relevant field that needs to be modified.
7. Strike out / or fill NA to all the fields kept blank to avoid any type of confusion or miscommunication.

Acknowledgement

We acknowledge the form and documents submitted for CIB access request for account nos.
..... The same will be processed within 3 bank working days. For any queries refer to CIB terms & Conditions in Jana Bank website (www.janabank.com) or contact to Jana customer care at 18002080 or customercare@janabank.com.

Branch Executive Name :

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Branch Executive Signature :

Date :

D	D	M	M	Y	Y	Y	Y
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