



**Application for E-services
For Individuals / Corporate**

Photo
Please paste colour stamp size photo here. Please do not use pins, staples or tape

Please fill all the details in CAPITAL LETTERS and in **BLACK INK** only.

Branch Name: _____ **Branch Code:** _____ **Date** _____

CUSTOMER ID	ACCOUNT NO																					
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I/We wish to apply for the following E-Services with your bank. I/We furnish the details of my/our account for which the facility shall be enabled.

FACILITY / SERVICES REQUIRED	
<input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Add on Card <input type="checkbox"/> Alert (Mob / E-mail) <input type="checkbox"/> Internet Banking <input type="checkbox"/> Mobile Banking (M-pay)	

Mr./Ms/ Messers	ACCOUNT NAME : (IN THE ORDER OF FIRST, MIDDLE & LAST NAME) leave space between words.

Fill up the rows applicable to the facility requested

1. ATM/DEBIT CARD (Name to appear on the card)																															
PHOTO CARD <input type="checkbox"/> YES <input type="checkbox"/> NO												ADD ON CARD : <input type="checkbox"/> YES <input type="checkbox"/> NO																			
2. ADD ON CARD DETAILS	CUSTOMER ID	<input type="checkbox"/> JOINT HOLDER	<input type="checkbox"/> NON CUSTOMER (Joint applicant Form to be attached)																												
ADD ON CARD (Name to appear on the card)																															
3. ALERT: <input type="checkbox"/> SMS / <input type="checkbox"/> E-mail ID	Customer ID	Mobile Number / E-mail ID																													
ALERT: <input type="checkbox"/> SMS/ <input type="checkbox"/> E-mail ID	Customer ID	Mobile Number / E-mail ID																													
ALERT: <input type="checkbox"/> SMS/ <input type="checkbox"/> E-mail ID	Customer ID	Mobile Number / E-mail ID																													
SMS: TRANSACTION TYPE <input type="checkbox"/> Debit <input type="checkbox"/> Credit <input type="checkbox"/> Balance	E-MAIL: TRANSACTION TYPE <input type="checkbox"/> Debit <input type="checkbox"/> Credit <input type="checkbox"/> Balance																														
AUTHORISED USER NAME - 1 (For Alert)																															
AUTHORISED USER NAME - 2 (For Alert)																															
AUTHORISED USER NAME - 3 (For Alert)																															
4. MOBILE BANKING - M-PAY (mobile number)	9	1																													
HANDSET MAKE - MODEL (Eg: NOKIA -3110C)																															
AUTHORISED USER NAME (For Mobile banking - M-pay)																															
5. NET BANKING : <input type="checkbox"/> Retail - <input type="checkbox"/> Fin-Personal <input type="checkbox"/> Fin-Personal and Third Party <input type="checkbox"/> Non- Fin <input type="checkbox"/> RSA TOKEN (Optional and charges are applicable) <input type="checkbox"/> Corporate - <input type="checkbox"/> Fin <input type="checkbox"/> Non-Fin (Maker is one who enters the transactions. Checker is the one who authorize the transaction.) RSA TOKEN mandatory.																															
AUTHORISED USER NAME	E-MAIL ID	(F/NF)	Maker / Checker	Limit (₹)																											

I/We confirm that the mandate from the competent authority has been obtained for the corporate user(s) for operating our accounts and transaction through internet banking services of KVB. The copy of the resolution is enclosed.

DECLARATION

Debit Card: I/We have read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank, at its sole discretion without any notice to me/us. I/We confirm that I/we am/are the sole account holder or have the required mandate to operate all the accounts linked to the Debit Card(s) singly. I/We understand that upon issue of a Debit Card to me/us, the existing ATM card linked to my account will be deactivated I/we understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in event of any failure to do so, I/we will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India , or rules notified under the Act or any other Act governing such transactions. I/We accept full responsibility for my Debit Card and agree not to make any claims against Karur Vysya Bank, in respect thereto. I/We agree that the cash deposited by me/us in the ATM will be credited by the Bank to the account after due verification and if it is found in order within 24 hours from the next working day. I/We agree further that all complaints pertaining to all ATM transactions will be resolved by the Bank within about 2 months.

Mobile Banking (Alert): I / We wish to apply for the SMS banking and subscribe for the Mobile alerts facility offered by KVB. I am herewith furnishing the details of my / our account for which this facility shall be enabled. I/We have read and agree to abide by the terms and conditions governing KVB @ Mobile made available to me / us by THE KARUR VYSYA BANK LTD. I / We am / are responsible for the registration of Mobile Banking at the Hand phone Number/s mentioned above. In the event of availing any additional / specialized facility through Mobile Banking, I / We shall be fully responsible for the account being debited on instruction from the above mobile Number/s. I /We have no objection to the fees, duties or any other charges which is associated with the service. In case of any mistake on my part or that of the mobile service provider in respect of these services, I /We agree that the Bank will not be responsible and agree not to make any claim against the Bank.

Mobile Banking (M-pay): I hereby confirm that the following. I / We have read and agree to abide by the terms and conditions governing Mobile Banking services (KVB mPAY) made available to me / us by THE KARUR VYSYA BANK LTD. (a copy of which I am in possession/displayed in the banks website, www.kvb.co.in) I am the sole account holder or I have the required mandate for joint account to singly operate the account through mobile banking. I am solely responsible for all the transactions happening through my mobile number. I will keep the application password / MPIN / any other form of security / authentication pin provided by the bank and maintain the confidentiality and secrecy. In case of change in mobile number, I will uninstall/remove the mobile banking application installed in my mobile, for maintaining the confidentiality and secrecy. In case of lost / theft of my mobile / SIM, I will immediately inform the bank to cease /suspend the mobile application facility. I am aware of the charges applicable for this service and hereby authorize Karur Vysya Bank to debit my account(s) towards any service charges for availing mobile banking facility, as and when it is applicable. Charges as per my tariff plan may be levied by my mobile service provider. I declare that the above details mentioned in the application are true and correct to the best of my knowledge.

INTERNET BANKING: I/We have read and agree to abide by the terms and conditions governing KVB@NET Internet facility of THE KARUR VYSYA BANK LTD. provided to me/ us including those excluding/limiting the Bank’s liability and agree to any other changes to be made by the Bank from time to time and acknowledge that the Bank may in its absolute discretion discontinue any of the services completely or partially without notice to me/us. I/We request you to provide access as requested above. I/We agree that the Bank may debit my/our account for the service charges as applicable from time to time.

RSA security Token: I/We agree to receive RSA token which generates pass code for me/each individual authorized signatory(s) as given above for the purpose of transacting my/our accounts through internet banking. I/We agree and authorize the bank to debit my/our primary account with the bank at the rate applicable from time to time for the issuance of duplicate RSA token if any, for the specific facility (which is non refundable) to be issued to me/individually to each of the authorized signatory(s). Issuance of RSA token for retail users is optional and charges are as applicable from time to time. Issuance of RSA token is mandatory for corporate and is free of cost. RSA token is valid for 5 years from the date of issuance. I/We confirm that the mandate from the competent authority has been obtained for the corporate user(s)for operating our accounts and transaction through the Internet banking services of KVB. The detail of the resolution and a copy is enclosed. In order to ensure safety of “Online” banking, I/we shall ensure to observe the following precautions: a) I/We will visit the Internet Banking site directly. I/We will avoid accessing the site through a link from another site or an email and verify the domain name displayed to avoid spoof websites. b) I/We will ignore any e-mail asking me/us the password or PIN and inform the Bank of the same immediately to investigate the same. c) I/We understand that neither the Police nor the Bank will ever contact me/us to ask to reveal my/our online banking or payment card PINs, or my/ our password information. d) I/We will not use cyber cafes / shared PCs to access our Internet banking site.e) I/We will update our PC with latest antivirus and spy ware software regularly. I/We will install security programmes to protect against hackers, virus attacks or malicious ‘Trojan Horse’ programmes. I/We understand that a suitable firewall installed will protect my/our PC and its contents from outsiders on the Internet. f) I/We will disable the ‘File and Print Sharing’ feature on my/our operating system. g) I/We will log off from the bank’s website in my/our PC when not in use. h) I/We agree not to store my/our ID/PIN in the Internet Explorer browser i) I/We agree to check my/our account and transaction history regularly j) I/We will use the Bank’s websites to get help and guidance on how to stay online. **I/We agree that the Bank is NOT liable for any loss arising from my / our sharing or otherwise passing of my /our User Ids, passwords, cards, card numbers or PINs with anyone, NOR from their consequent unauthorized use.**I/We have read and agree to abide by the above additional terms and conditions governing KVB@NET, Internet Banking facility of THE KARUR VYSYA BANK LTD. provided to me/us which shall constitute an agreement between me/us and the Bank. I/We have read and understood the rules governing the above channel services and agree to abide by the same.

SIGNATURE OF THE AUTHORISED USER

SIGNATURE OF ACCOUNT HOLDERS

<p>Note: 1. For existing customers the details given in the above application should be same as in the customer master. This should be strictly verified by the Manager/Officer before forwarding.</p> <p>2. For new accounts, leave account number column as blank.</p> <p>3. Add on cards should be issued only to the spouse of the account holder (If not a joint account holder).</p>	<p>I certify that all the above information has been verified, updated appropriately and are correct. The above requested services can be enabled for the applicant.</p> <p>MANAGER / OFFICER DATE:</p>
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LETTER OF MANDATE FOR E-SERVICES

I /We, am/are having account with No. _____ with your bank.

I / We hereby agree the terms and conditions specified by the bank for KVB M-PAY / INTERNET BANKING / DEBIT CARD / KVB-MOBILE ALERT.

I authorize the account holder/non-account holder Mr./Mrs./Ms _____ to the bank for operating the above mentioned account(s) through KVB M-PAY / INTERNET BANKING / DEBIT CARD / KVB-MOBILE ALERT.

I / We undertake to ratify and confirm all and whatever Mr./Mrs./Ms _____ does or causes to do through KVB M-PAY / INTERNET BANKING / DEBIT CARD / KVB-MOBILE ALERT services offered by KVB.

This authority shall continue to be in force, until I / any one of us revoke this mandate by a notice in writing delivered to you.

I / We request you to provide access as requested above.

Name of Mandate/Authorized user	Signature of Mandate / Authorized user

Signature of the Account Holders	3.
1.	4.
2.	5.

Verified by: Officer Date of Dispatch of Application: / / .	Authorized by: Branch Head
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Note: Attach separate mandate for each E-service.

FOR ATM CELL USE ONLY

Date of Receipt of Application	
Date of Data entry / Upload	
Maker Name:	Checker Name:
Name:	Name:
Employee Code:	Employee Code:
Signature:	Signature:
Date:	Date: