



The Branch Manager,
The Lakshmi Vilas Bank Ltd.,
Branch / Office :

Date:

Dear Sir,

I wish to register Net Banking facility (LVBINET) for my below mentioned account.

Customer ID :

Account No.*:

Prefix/Title:

Name:* (Fill all the fields in **CAPITAL** Letters)

Email ID*:

Address*:

Pincode :

Mobile No.*:

Date of Birth*:

- -

Option to be enabled*:

Non-Financial (View & Query Only) Financial and Non-Financial Transactions

I confirm that the information given above is correct. I have read and accept the terms and conditions set out by the bank for offering Internet Banking services. I agree that transactions executed over Internet Banking Services under my User Name and Password will be binding on me.

CUSTOMER SIGNATURE

* Mandatory Fields

FOR BRANCH OFFICE USE	FOR INTERNET BANKING CELL USE
<p>It is confirmed that:</p> <ol style="list-style-type: none"> Information provided by the applicant is verified and found correct with records available in CBS. Signature of the applicant is verified. The Customer ID has been intimated to the applicant. In case of address modification, Address details are modified in CBS as per the KYC norms <p><input type="text"/></p> <p>Signature of Branch Manager / Officer-in-Charge with DATE</p>	<p><input type="text"/></p> <p>Verified in CBS by _____ Date : _____</p> <p><input type="text"/></p> <p>User Created by _____ Date : _____</p> <p><input type="text"/></p> <p>User Authorised by _____ Date : _____</p>

(Note: User ID will not be created for applicant, if the details are not tallied with records available in CBS. PIN mailers will be sent to applicant's address as per the records available in CBS).