



APPLICATION FOR INTERNET BANKING REGISTRATION

Name: _____ Date of Birth : DD/MM/YYYY

Mother's Maiden Name: _____ Father's/Husband's Name: _____

E-Mail ID: _____ Mobile Number: _____

Address: _____

Pin Code: _____

Customer ID							

Account Number: _____

- Tick any one
- I am having Classic/EMV/Gold Debit Card and I request you to permit me online generation of Password with the use of same for validation process.
- My address given above is correct and I want my Internet Banking Password to be sent to my address mentioned above.

I want to apply for Karnataka Bank Internet Banking facility to my above customerid and I/We affirm, confirm and undertake that I have read and understood the Terms and Conditions placed on KBL website for usage of the Internet Banking and Bill Payment service of Karnataka Bank Limited and I am aware of Charges Applicable for the said Services, as set forth in www.karnatakabank.com, and that I confirm that I am the sole account holder or I have the required mandate from the joint account holder/s to singly operate the accounts and will adhere to all the terms and conditions of opening/ applying/ availing/ maintaining/ operating (as applicable) for usage of the Internet Banking, Bill Payment service of Karnataka Bank Limited as may be in force from time to time. I/We further authorize Karnataka Bank Limited to debit any of my/our Account(s) towards any charges for said services. I understand that the Internet Banking facility is Customer ID based and all my present/future account/s under the present userid are likely to be available for viewing/transacting and the same shall be maintained in goodfaith and any claims/damages consequent to misuse of the same knowingly/unknowingly shall be indemnified by me.

I/We declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/ other joint account holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information that Karnataka Bank Ltd may require.

Date: DD/MM/YYYY

Place: _____

Signature of Account Holder

MANDATE BY JOINT ACCOUNT HOLDERS

I/We..... All joint account holders other than the first holder.....the undersigned are the joint account holders along with Applicant's name..... In account numbers..... Account number under joint name..... I/We hereby authorize the Applicant's name..... To view/access/operate the accounts(s) for and on my/our behalf.

I/We affirm, confirm and undertake that I/We have read and understood the terms and conditions for usage of the Internet Banking service of Karnataka Bank Ltd. as displayed on the website **www.karnatakabank.com** and that I/We agree to abide by them and I confirm and agree that the Bank is not responsible for any of his/her acts done in the capacity of the mandate holder.

I/We hereby state that should I/We wish to revoke the above authorization, I / We shall duly issue a letter of revocation ("the letter of revocation") to Karnataka Bank in this regard. I /We hereby agree that until ten days after receipt of such revocation letter, the authorization as aforesaid shall hold good.

.....
Name & Signature Name & Signature

For Branch Use

Branch Name: _____ Branch Code: _____

We Certify that:

- The Customer is satisfactorily dealing with us since _____ (date)
- The details furnished above are found to be correct with CBS. Since the account fulfills the requirements of Internet Banking please register the Customer.

Entered By Checked By Branch Head

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Acknowledgement

Thank you for applying Karnataka Bank Internet Banking facility. Your Internet Banking User ID is _____
To Login please visit **www.karnatakabank.com**