

# APPLICATION FORM FOR INTERNET BANKING FACILITY

(For Corporate customers only)

Please print in block letters

The Regional Commercial Manager  
First Capital Bank

Date:

Branch:

Dear Sir/Madam,

Re: Internet banking facility

I/We request you to provide us with Internet Banking Facilities. Details are provided as under:

Salutation:  Mr  Mrs  Miss  Dr.  Other  (Please Specify)

Full Name:

Login ID:

Date of Birth:

Account Number:

Account Name:

E-mail Address:

Telephone Number:

Cell No:

I/We require the following facility – (Please tick)

1. Account Details View: Yes  No

2. Transaction Rights

Funds Transfer Within First Capital Bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funds Transfer Outside First Capital Bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funds Transfer to Own Accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Enable account level transaction restriction: Yes  No

(applicable for corporate users only)

If Yes, please provide details on the next page. If you want to restrict the transaction value to a certain amount, please provide the amount under transaction limit. If you have multiple accounts, you can assign specific accounts to a user. The transactions selected will be available to the user.



