



उत्तर प्रदेश ग्रामीण बैंक
UTTAR PRADESH GRAMIN BANK

(सरकार के स्वामित्वाधीन अनुसूचित बैंक)
(Scheduled Bank Owned by Government)

Branch: _____

APPLICATION FORM FOR INTERNET BANKING (FOR INDIVIDUALS)

I/We request you to register my/our application for internet banking facility & link my/ our accounts with your branch—

Transaction Rights

☐

View Only

☐

CUSTOMER ID:

ACCOUNT NO.:

NAME OF THE ACCOUNT HOLDER:

DATE OF BIRTH:

RESIDENTIAL STATUS:

COMMUNICATION ADDRESS:

City: _____ State: _____ Pin Code: _____

☐ Same as above

PERMANENT ADDRESS:

City: _____ State: _____ Pin Code: _____

Email address: _____ Mobile: _____

Occupation: _____

Mother's Maiden Name: _____

Declaration:

I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Uttar Pradesh Gramin Bank e-Banking Retail services and agree to them. I/We am/are aware that the usage of Uttar Pradesh Gramin Bank e-Banking is governed by the terms and conditions which are displayed on <https://ibanking.upgb.bank.in> the site maintained by Uttar Pradesh Gramin Bank and I/we have reviewed the contents of the same. Further, I/we accept the terms and conditions governing internet banking of Uttar Pradesh Gramin Bank applicable for bank accounts as displayed on bank's website. I/We accept and agree that I/we are aware of the contents of the terms and conditions and that all my/our rights and liabilities would be governed by the said terms and conditions by my/our act of accessing on <https://ibanking.upgb.bank.in>. I/we thereby agree to be subject to and



comply with all the provisions of the terms and conditions which are incorporated by reference herein and deemed to be part of this application form to the same extent as if such provisions had been set forth in full herein.

I/We do hereby indemnify and forever keep indemnified the Bank and its successors and assigns, from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non-compliance of any of the terms and conditions mentioned therein.

Preferred User IDs:-

1. _____
2. _____
3. _____

Date:

Signature of the Customer/s

Place:

Note:

Bank's e-banking Retail Services are provided only in those accounts where the mode of operation is one of the following – (1) Self; (2) Either or Survivor; (3) Anyone or Survivor/Survivors. Each signatory to an account requiring access to Bank's e-banking Retail Services must have a separate User ID and PIN and therefore a separate form must be used for applying for these services by each signatory to an account. For expeditious registration please ensure that all information given in the form is complete & correct.

For office use only

Branch confirmation:

We confirm that:

1. The customer details given above are correct and the same are recorded in CBS also.
2. We have verified the customer signatures & KYC with CBS.
3. All the accounts of the above customer have been linked to one Cust ID.
4. We have enabled the above Customer ID for e-banking and granted e-banking facility to Customer.

Signature of Branch Manager:

Name of Branch Manager:

EC Number:

SOL ID: