



**Registration form for Internet Banking Facility
LVBiNet – Retail Banking**

The Branch Manager
The Lakshmi Vilas Bank Ltd

_____ Branch.

Dear Sir,

I wish to register as a user of **LVBiNET**, The Lakshmi Vilas Bank’s Internet Banking Facility.

Customer Name: <i>(Use block letters)</i>										Prefix/Salutation: [] Mr. [] Mrs. [] Ms. [] Dr.									
Account Number: <i>(Full 16 digit prefixed with zero)</i>										Customer ID: <i>(to be filled by branch)</i>									
Address:																			
City:																			
State:										Pin:									
Telephone:										Mobile:									
Email:																			
Options to be enabled: [] Non Financial only [] Non Financial and Financial Transactions																			
<i>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.</i>										<p style="text-align: right;">Customer Signature</p>									
										Date: (DDMMYYYY)									

For Branch use:	For Internet Banking Cell use:
<p>It is confirmed that:</p> <ul 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><i>(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).</i></p> <p>MANAGER</p> <p>DATE:</p>	<p>Application received on: _____</p> <p>User has been created on: _____</p> <p>PIN mailers sent on: _____</p> <p>Remarks:</p> <p>MANAGER</p> <p>DATE:</p>