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_____ Branch
INTERNET BANKING APPLICATION FORM
 (Applicable for Joint Account)

ANNEXURE -1

(To be filled up by joint Account Holders)

Joint Account No.....

Account Title

I/we (Full name)

Hereby authorize Mr./Mrs./Ms.....

to facilitate internet banking service for the above account.

I/We confirm that I/we have read and understood the terms and conditions governing FSIBL Internet Banking Service and agree to comply with the same.

- I/We authorize my/our co-account holder for inquiry, instruction and generation of reports in the said accounts through Internet Banking Service.
- I/We authorize my/our co-account holder for any kind of transaction (Fund Transfer, Utility Bill Payment etc.) through Internet Banking Service.

My/Our co-account holder and I/we will be solely responsible for the instructions/transactions in the said account(s). I/We also authorize FSIBL to debit my/our account for applicable charges related to internet banking service.

Signatory-2:

 Signature:

Name:

Date:

Customer Account No:

Signatory-3:

 Signature:

Name:

Date:

Customer Account No:

- FSIBL Internet Banking service will be linked to all Accounts under your Customer ID.
- Charge will be applicable according to FSIBL Schedule of Charges.
- iBanking User ID and Password will be send to Customer E-mail.