

| Date | |
|--------------|--|
| Customer No. | |

Application for 5 XX]b['Cb`]bY'6 YbYZJVJUfm'5 WVci bhOption (eBOS)

| Company Name | | | | | |
|--------------------|--------------------------------|---|--|------------------------------------|---|
| | | | | | |
| If you wish to æåå | Śa^}^&&æ&3[` | ~} œÁ•ã,* ÆÓUÙ: | | | |
| User ID | | | | | |
| User's Full Name | | | | | |
| | | | | | |
| T[àãإ^Áp[È | | | | | |
| | (Please fill the mobile number | r on which you will receive the one time pa | ssword for adding beneficiary account) | , | |
| Date | | User's Signature | | Account Authorized Signature | |
| | | | | | (The signature must be certified by the Bank) |
| For Bank Use | | | | | |
| | | Authorized Signature | | Verified By | |