Corporate Internet Banking (CIB) – Limit Enhancement Form

To,
The Branch Manager
SBM Bank (India) Ltd.

Date: D D M M Y Y Y Y

Branch: _____

I/We are availing Corporate Internet Banking (CIB) services of SBM Bank (India) Ltd as per below details. Kindly accept our request to increase the daily limit at Corporate level for mentioned Corporate ID as per the table given below:

Entity Name:

CIF ID:

Corporate ID:

Account Number(s):

Purpose for Limit Enhancement:

Existing Limit (in Rs)	New Proposed limit (in Rs)

Note - The existing access levels / roles and responsibilities of the Users linked to respective accounts under the above mentioned Corporate ID will continue as per current authorisation matrix until there is a change request given for it.

Declaration cum Undertaking:

I/We hereby declare, agree & confirm that:

1. Shall at all times be solely responsible in the event of any compromise/misuse/ unauthorised use of the CIB facility and shall not claim for any losses/transaction made by using the CIB facility offered by SBM Bank (India) Ltd.
2. Understands the risk involved due to the increased limit and shall not hold SBM Bank (India) Ltd. responsible for any fraudulent transaction that may have been done through the CIB platform by using compromised login credentials of the users associated with the company.
3. Shall be solely liable and responsible for all losses/claims/ demands/ costs/ charges/ penalties arising with regards to any CIB transactions and further acknowledges, agrees and confirms that the Bank shall not have any responsibility/ liability in this regard whatsoever.

Terms and Conditions:

I/We have read and understood the terms, conditions, rules and regulations of the product(s)/service(s) opted for from SBM Bank (India) Limited ("Bank") including the 'Terms & Conditions' document displayed on the Bank's website www.sbm.bank.in and I/We accept and agree to abide by the same. The Bank is entitled to amend the 'Terms & Conditions' document displayed on their website from time to time and the same shall be binding on me/us

1st Authorized Signatory

2nd Authorized Signatory

3rd Authorized Signatory

4th Authorized Signatory

For Bank Use Only

Date: D D M M Y Y Y Y

SOL ID:

Recommended by:

RM Name:

Emp Code:

Signature

Approved by:

Branch Head Name

Emp Code:

Signature