

(Incorporated under Company Act of the Kingdom of Bhutan, 2000)  
 REGISTERED HEAD OFFICE: THIMPHU, BHUTAN

**RESET PIN/PASSWORD/ADDITIONAL FACILITY/CHANGE MOBILE NO/ACCOUNT LINK**

The Branch manager

\_\_\_\_\_ (Branch)

Please provide me the following(s):

RESET PIN/PASSWORD (go to Box A)

CHANGE MOBILE NO (go to Box B)

LINK MY NEW ACCOUNT (go to Box C)

ADDITIONAL FACILITIES (go to Box D)

\*Name: \_\_\_\_\_ \* User ID: \_\_\_\_\_

Contact No: \_\_\_\_\_ \* Account No: \_\_\_\_\_

<p><b>A Reset</b></p> <p><input type="checkbox"/> Password</p> <p><input type="checkbox"/> Pin</p>	<p><b>B Change my Mobile No.</b></p> <p>Old Mobile No: _____</p> <p>New Mobile No: _____</p>	<p><b>C Link my Account(s) to the above mention User ID:</b></p> <p>1. _____ CIF _____</p> <p>2. _____ CIF _____</p> <p>3. _____ CIF _____</p>
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<p><b>D I have:</b></p> <p>1. View only <input type="checkbox"/></p> <p>2. Fund Transfer <input type="checkbox"/></p> <p>3. SMS <input type="checkbox"/></p> <p>4. Alert <input type="checkbox"/></p>	<p><b>I want:</b></p> <p>1. View only <input type="checkbox"/></p> <p>2. Fund Transfer <input type="checkbox"/></p> <p>3. SMS <input type="checkbox"/></p> <p>4. Alert <input type="checkbox"/></p>
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**General Conditions:**

1. Transaction rights are strictly as per mode of operation registered in Bank records.
2. Fund transfer facilities shall be provided to only in accounts where the mode of operation is SOW/EOS/AOS.
3. If the account mode of operation is JAF or JAO only view/inquiry facility shall be provided.
4. Additional SMS Banking facility shall not be eligible under different CIF.
5. The Terms and Condition shall remain identical to those currently in force and as mentioned in the application form for BOBSMS/BOBNET Banking.

**Declaration:**

I/we, hereby declare I/we am/are the customer of BOBNET/BOBSMS Banking and I/we read and understood all the terms and conditions laid down in the earlier application form and shall be govern by the same. Also I/we have furnished all the documents required at the time of availing these services and declare that the information provided herein are true and correct to the best of my/our knowledge. I/we agree that BoBL reserves the right to accept or reject my/our application without assigning any reason, whatsoever. I/we, hereby, irrevocably authorize BoBL to debit my/our above mentioned account for the settlement of transaction amount by utilization/Reset of BoBL BOBNET/BOBSMS Banking services/Pin/Password, provided in the above name including any charges, if any, that BoBL shall levy and also agree to undertake full liabilities for all the charges/service fees/BOBNET applicable for use of the service together with any further sum to which you may be entitled in respect of the transactions.

Date\*: \_\_\_\_\_

APPLICANT'S SIGNATURE\*

<b>FOR BANK USE ONLY</b>	
Signatures, account no. and names of the applicant(s) verified and found as per Bank's records. Required services are enabled at the account level. Recommended and Permitted for providing Internet/Mobile/Tele Banking services.	
Application Received Date*: _____	
Name and Signature of: Dealing /Passing Officer* _____	*Br. Branch Seal
Branch Incharge* _____	
<b>FOR USE AT DELIVERY CHANNELS GROUP ONLY</b>	
*CREATED/INITIATED/ BY _____	USER ID* _____
	*AUTHORIZE BY _____
*NAME _____	PIN MAILER ISSUED TO: *SIGNATURE _____