

Name:

Designation:

Corporate PAY and User Enrollment Form

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I. Corporate	Name:								Co	orpor	ate C	ode	(If al	reac	ly ex	ists):				
Corporate Bank																					
(Mention bank acco Account Numbe		rporate w	ish to enro	II/link in co	rporate	PAY. N	ick Na	me can	be Alt	ernativ	e name	to ide	ntify ac	count	for ea	ise)					$\neg \mid$
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2. Request to														20/01							
Corporate		nation		Citizenship #			along with Group/Hierarch				archy	Mobile #					Transaction Role				
User Name/s																			□Ap	•	
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Note: Please use sep																					
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Authori	zed Sigr	natorv/ie									Auth	orize	d Siai	natoi	rv/ies				_		

Name:

Designation:



4. Terms and Conditions:

Corporate confirms and agrees to the following terms and conditions for use of corporatePAY:

- 1. The user information provided including Mobile number, Email Id, and other details for enrolment and linking of bank account/s are correct and in line with the our corporate decision attached herewith.
- 2. Authorize the bank to use the existing details with the bank and the signatories as provided in this form and/or already available with the bank for enrolment for corporatePAY.
- 3. Any changes in the information including addition/deletion/changes required in Admin User, Transaction Initiator and Approver Users have to be timely notified to bank for necessary changes for using the corporatePAY. Confirm that all users are well aware about securing their username, password, second factor authentication/OTP and other credentials of corporatePAY. Confirm that the bank and/or NCHL shall not be held liable in any case of fraudulent transactions due to any sort of compromise of credentials by the corporate users intentionally or unintentionally and due to delay of user revocation by the corporate.
- 4. Authorize the corporate user who has been issued user name and password to use corporatePAY and to act on behalf of the corporate.
- 5. Authorize the bank to function based upon electronic instructions received via corporatePAY and provide authority to debit the corporate account mentioned in the form maintained with the bank for the purpose of processing the transaction through corporatePAY and for the applicable fees and charges as advised by the bank for use of corporatePAY.
- 6. Ensure availability of funds in the bank account before the transaction is being processed and confirm for the validity and the legality of the transactions initiated through corporatePAY including compliance to the prevailing AML and CFT regulations. Corporate understands and agrees that the bank has right to suspend/reject and/or withhold any transactions that it deems violates any such policy/ regulations and the transaction requested beyond the allowed transaction limit threshold.
- 7. Confirm accuracy of the beneficiary identifier and/or beneficiary details including bank name, branch name, account number, account name (where required) apart from the transaction amount, transaction reference, etc. have been duly verified in a transaction and processed through corporatePAY and confirm that the bank and/or NCHL shall not be liable to verify and validate the accuracy of the transactions and shall not be held liable in case of any dispute in transactions due to any sort of deviation in beneficiary and transaction details furnished.

Self-Declaration:

I/We hereby declare that the information and documents furnished to the bank are true and complete and also confirm and agree to the terms and conditions laid down for usage of corporatePAY.

Authorized Signatory/ies		Authorized Signatory/ies
Name:		Name:
Designation:		Designation:
Official Stamp: Date: (To be signed by Authorized Signatory and Stamped in each Pa	age)	
F	or Bank's Use	Only
CBS Code of Corporate:		
Supporting Documents Verified:	☐ Yes	□ No
Completion of KYC for the users requested:	☐ Yes	□ No
Corporate Profile:		
Verified By:		Approved By:
Name:		Name:
Signature:		Signature:
Date:		Date: