



To,										
The Branch Manager Baroda Gujarat Gramin Bank										
	Re: Reques	t for lir	iking n	ew ac	counts					
In addition to my existing accou	ints, please pr	ovide l	nterne	t Banl	king fac	ility to	my fo	llowing	accounts	
Account Number (14 digit number)										
Name:										
Address:							-/	4		
								_	_	
			.,			1				
Phone:		E-ma	all:						_	
The accounts are in my name a	and I am eligib	le to o	perate	accou	ınts, be	ing ar	n autho	rized s	ignatory.	
Date: Signature										
Note: Please Print and submit filled	d request-form t	o the B	ranch v	where	ou hav	e regis	tered w	ith exis	ting user id	
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	1 5									
We confirm having verified the		Use	at Bra		mend lir	nkina	of the a	ahove-i	mentioned	
enablesd the customer Id in Finacle Core and				We recommend linking of the above-mentioned accounts.						
recommend granting of eBanking facility.				Signature of Branch Manager						
Signature of Branch Manager				Name:						
Name: Signature No				Signature No Date:						
Date:			Date	•						
Password Canarated on	(For Use				,					
Password Generated on			_	Sign	alui C					
Password despatched on				Signature:						