

APPLICATION FOR INCREASE IN FUNDS TRANSFER LIMITS OF INDUSNET FACILITY

Funds Transfer Limit Increase Details

Name (Individual/ Corporate/Firm/Trust etc) :	
Cust ID:	
Account Number (Primary) :	
Email ID:	
Authorised Signatory (In case of Joint Account/Non Individual/Corporate):	

Funds Transfer Limit Increase Details

Please increase the funds transfer limits (daily/daily and per transaction) of the above mentioned customer id to _____. I/We require this increase in limit for _____.

Declaration

I/We understand that this funds transfer limit increase will be usable only through One Time Password (OTP). I/We shall be solely and fully responsible for all the transactions and for any losses & consequences thereof from any transaction carried out from this account through Indusnet facility.

I/We further agree to and shall indemnify and hold the bank and each of the employees/representatives of the Bank harmless against all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which the bank may at any time incur, sustain, suffer or be put to as a consequence of or by reason of increasing the limit as above or arising out of providing any services including but not limited to IndusNet facility.

We have read the Terms and Conditions relating to IndusNet facility as mentioned above as well as mentioned on the IndusInd Bank website (www.indusind.com). We accept and agree to be bound by the said Terms and Conditions.

The Bank shall be at liberty to withdraw the higher limit at any time by providing a 03 days prior notice without assigning any reason.

SIGNATURE

Signed at _____ (Place)

By _____ (Authorised Signatory) of _____
(Name)

(TO BE COMPLETED BY BRANCH STAFF)

I hereby confirm that the above application was signed by the applicant in my/our presence.

Date: dd/mm/yyyy		
Employee Code:		
Name:		
Recommendation: (Yes/No)		
Recommended Limit per day (in INR):		
Recommended Limit per transaction (in INR):		
Signature & Seal:		
	CSE	MCSOP / Branch Head