



कैलाश विकास बैंक लि.
KAILASH BIKAS BANK LTD.

INTERNET BANKING PASSWORD REGENERATE FORM

IB CUSTOMER CODE

Account Number

Email Address

Mailing Address (Pin Mailer) -----

I/We hereby apply for Kailash Bank Limited Internet Banking / SMS Banking facility to enable me/us to avail user access to my/our account(s) with you and carry out transactions through the use of the Internet/Mobile. In consideration of you providing me/us with this facility, I/we hereby agree to be bound by the Terms and Conditions as mentioned below, which I/we have read and understood. I/We have gone through the Internet Banking/SMS Services guidelines and agree to abide by the terms and conditions governing its use and avail by me/all of us.

Signed By Customer

Authorized Signature
Staff ID
Branch