

**Corporate Modification Form for SIBerNet/Hi-HI-Banking**

To: Branch .....

Date .....

I request you to provide/ update/modify details given below in my Internet Banking/Hi HI Banking User ID

Name of the Customer/Firm:

.....

Account No in 16 digits:

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User Name: .....

*(Applicable only for Corporate SIBerNet registered customers)*

USER-ID: 

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CORP-ID: 

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*(Applicable only for HI HI BANKING registered customers)*

USER-ID: 

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SENDER CODE 

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Request for:

**A) SIBerNet**

1.Password Re-Pin(Charges Applicable as per norms)			
Sign ON	<input type="checkbox"/>	Password on Mail	<input type="checkbox"/>
Transaction	<input type="checkbox"/>	Paper Pin	<input type="checkbox"/>
2. Password Unblock	Sign on <input type="checkbox"/>	Transaction <input type="checkbox"/>	3. Mobile No. Change <input type="checkbox"/>
4. User ID Activation with Re-Pin	<input type="checkbox"/>		5. E-mail Id Change <input type="checkbox"/>
6. User ID Deletion	<input type="checkbox"/>		7. OTP Unblock <input type="checkbox"/>

**B) HI-HI Banking**

1. Password Reset	<input type="checkbox"/>	2. E-mail Id Change	<input type="checkbox"/>
3. User ID Activation	<input type="checkbox"/>	4. User ID Deletion	<input type="checkbox"/>
5. Mobile No. Change	<input type="checkbox"/>		

Mobile: 

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E-mail: 

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Name & Signature of the Customer/Authorised Signatory .....

*( 'For Seal' Mandatory for Corporate Customers/Any Authorised Signatories sign with seal for staff id)*

**For branch use only**

**We confirm that we have cross checked and verified the Mobile number and Email ID mentioned above and also confirm that it pertains to the User ID mentioned in the form. We have cross checked and verified the Mobile number and Email ID mentioned with SMSA in order to receive the login credentials in the case of SIBerNet password re-pin only.**

**The customer's signature on the form has been verified and found in order. We also certify that there is no change in the authorized signatories and that the details of the current signatories being updated in Finacle/ SMSA are up to date.**

**We confirm that we have collected the service charges prescribed in the circular (wherever applicable) before dispatching request.**

(Applicable for SIBerNet password Re-Pin only)

**CUSTOMER ID: ..... DC NO: .....**

Branch Manager/Officer