THE NAINITAL BANK LTD.

"NAINI-NET" INTERNET BANKING

I PIN REGENRATION FORM

Date:

To,

The Branch Manager

The Nainital Bank Ltd. Branch												
Madam/Dear Sir, I/We request you to REGENRATE my I PIN for In	ternet Ba	nking ((NAIN	I-NET	Γ) facil	lity on	belov	v men	tioned	accou	nt	
Primary Account No*.												
number: *Account on which Internet Banking issued]
Name of Customer												
Customer ID												
Reason for Regeneration of IPIN												
Application ID (Id generated at the time of	registrati	ion for	NAIN	I-NE	Γ)							
	•41 41		· cn	7)								
Address of the Customer (must be tallied w	ith the ac	idress	in CBS	S)								
	_											
CityState_		Pin			_							
	Signature /s of account holder/s											
					~	-8		02 400		0140175		
Branch Confirmation:	OR BRAN	CH OFF	TCE US	E ONL	Y							
We confirm that 1. The customer's particulars and details given above are correct and	d the same a	ro					of this	form s	ent to R	DC thro	ugh bra	anch
recorded in CBS also.	e-mail id on FOR RDC USE											
2. We have verified the signatures of the customer as appended above.												
				>	If No, 1	reason			o 			
Created By Verified By			-	>		egenera ispatche						
Sign. Of Branch Manager							_					
Signature Code					Checke	d by				Verifie	d by	
Branch Stamp:	Date											