

**Bank of India Star^{Connect} Corporate Internet Banking Services****Limit Enhancement
Format**

The Manager,

Corporate

_____ Branch

Dear Sir/Madam,

I/We, _____ (Title of account)

have availed Bank of India Star^{Connect} Corporate Internet Banking Services whose details are as under:-**Customer Id:** **Corporate Id:**

I/We apply following limits for funds transfer facility through Bank of India Corporate Internet Banking Services.

Transaction type	Maximum cumulative debit limit in a month (₹)	Maximum number of transactions in a month
All types of fund transfer including NEFT, RTGS & Bill Payments		

OR

Transaction type	Default per transaction maximum limit (₹)	Default daily transaction maximum limit (₹)	Request for additional per transaction limit (₹)	Request for additional daily transaction limit (₹)
Tax Payments	5 Crores	No Limit		
NEFT	25 Lakhs	50 Lakhs		
RTGS	25 Lakhs	1.50 Crore		
Third party funds Transfer (within BOI)	25 Lakhs	1.50 Crore		
Payments/Utility*	10 Lakhs	10 Lakhs		
Self-Transfer	50 Lakhs	No Limit		

* - Payments include online payments for ticket booking, shopping, utility bills, tenders etc.

Please do not mention "No Limit" or "Unlimited" in any column!**Declaration (for Customer Use only)**I/We confirm that I/We have read and understood the "Terms and Conditions" annexed hereto/as given on the Bank's web site for the usage of Bank of India Star^{Connect} Services and unconditionally accept and agree to abide by the same and such other modifications made by Bank of India (BOI) from time to time.

Date: ___ / ___ / 20___

Company Seal:
(Mandatory)

Signature of User: _____

Place: _____

Name of the User: _____

For Branch Use only (All fields are mandatory for concurrent audit)

- The above particulars, signatures and the details have been verified and the same are as per the Bank's records. The requisite document/s wherever, applicable is kept on branch records.
- We recommend for extending limits of the User/s.
- Please advise customer not to mention "No Limit" or "Unlimited" in any column!**

Date: ___ / ___ / 20___

Branch Stamp:
(Mandatory)

Signature/s of Officer: _____

Place: _____

P.F. No.: _____

Name: _____