	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)

1. 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.
2. We recommend for extending limits of the User/s.
3. ***Please advise customer not to mention "No Limit" or "Unlimited" in any column!***

Branch Stamp: (Mandatory) Signature/s of Officer: _____

Date: ___ / ___ / 20___ P.F. No.: _____

Place: _____ Name: _____