



बैंक ऑफ़ बड़ौदा  
Bank of Baroda

**The Senior Manager (Operations),**

Dubai Main Branch  
Deira Dubai Branch  
Abudhabu Branch  
Sharjah Branch  
Al Ain Branch  
Ras Al Khaimah Branch  
(Please tick-mark the applicable branch)

Dear Sir,

**RE: Application for Tele-banking (IVRS) Service Registration**

I/We request you to register my/our account(s) for Tele-Banking (IVRS) Service. I/We request you to register and activate Tele-Banking Service in following of my account(s):

1. Account No. (14 Digit):   
Date of Birth\* / Date of Trade License\* : \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Tel No.: \_\_\_\_\_
2. Account No. (14 Digit):   
Date of Birth\* / Date of Trade License\* : \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Tel No.: \_\_\_\_\_

*\* Required for validation while informing the IVRS access PIN to authorized person.*

Since this is an additional service being granted by the Bank, I/We will not claim it as a matter of right. I/We also undertake that I will immediately bring to the notice of your branch any anomaly / mistake noticed in my/our above mentioned account(s) for rectification. I/We understand that the balance given to me by the IVRS will be latest of previous / last working day.

Yours faithfully

(Authorized Person's Signature)

Date: \_\_\_\_\_

Place: \_\_\_\_\_