



**APPLICATION FORM FOR RESETTING PASSWORD
BARODA CASH MANAGEMENT SERVICES**

CMS CUSTOMER NAME: _____

CMS CUSTOMER CODE:

The Chief Manager,
Bank of Baroda
MMO Mumbai

Re: Request for Generation of New Passwords

I have forgotten my password / it has been disabled, you are requested to reset my password and inform me at my office address.

User Name (Mr. / Mrs.) _____

User Login ID: _____

Designation: Corporate Administrator (PI in applicable fields)

Corporate User

Address (Official) _____

_____ PIN _____

Phone _____ FAX _____

E-mail _____

Date: _____

(Signature)

(For use of corporate)

We confirm having verified the signature and recommend for resetting password of the above mentioned user.

Date: _____

(Signature of Authorised Signatory)

(For CMS Branch Use Only)

We certify that we have verified the signatures of the authorised signatories of

M/S _____

(Signature of Officer)

Name _____

Signature No. _____

Date: _____

Place: _____

(Signature of Branch Manager)

Name _____

Signature No. _____

(For COH Use)

Password generated on _____

Password dispatched on _____

Signature _____

Signature _____