



**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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ PIN \_\_\_\_\_

E-mail \_\_\_\_\_ FAX \_\_\_\_\_

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 \_\_\_\_\_