



To,
The Branch Manager,
Branch –

I would like to request for:

Registration Deregistration Deactivation Unblock Link Account Delink Account Change Mobile Number

Customer Details*:

Customer ID*:	
Applicant Name* : (Mr./Ms./Mrs.)	
Address* :	
	PIN:
Mobile No* :	
Email ID* :	
Language Preferred:	English

Will be updated against your existing record with the Bank for communication and SMS banking (in case you have opted before)

Account Details*:

Sr No.	Account Number(s) (linked under above mentioned customer id only)	Mode of Operation (Single/Either or Survivor/Anyone or Survivor) (To be filled by Branch)

*Mandatory Fields

INSTRUCTIONS:

- 1) In case of joint accounts, the applicant is required to obtain the attached mandate from the joint account holder(s). This facility is available to First Account Holder only.
- 2) Account holders can access their accounts through Mobile Banking Service only where the mode of operation is 'Single'/'either or Survivor'/'anyone or Survivor' are eligible for Mobile Banking Services.
- 3) The terms and conditions of service form the contract between customer and Bank. By applying for Mobile Banking Service of the Bank, the customer acknowledges these terms. These terms will be in addition and not in derogations of the terms and conditions relating to any account of the customer.
- 4) The customer shall be required to acquaint himself with the detailed process for using Mobile Banking Application and Swatantrya Senani Late Shripal Alase (kaka) Kurundwad Urban Co Op Bank Ltd. shall not be responsible for any error made by the customer.

Signature of applicant

Customer Details and Signature Verified

Place: _____

Date : _____

Branch Authorized Signatory: _____

Declaration and Acceptance:

I understand that all operations effected through this Mobile Banking Service are binding on me. I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of Mobile Banking Service of Swatantrya Senani Late Shripal Alase (kaka) Kurundwad Urban Co Op Bank Ltd and the same may be amended from time to time. I agree to be bound by the said Terms and Conditions. I further authorize the Bank to debit my account(s) towards any charges for Mobile Banking Services, if applicable in future.

I declare that the above information along with the other documents referred or provided therewith is true, correct, complete and up-to-date in all respects and I have not withheld any information.

Place: _____

Date: _____

Signature of applicant (Sole/First holder)

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LETTER OF MANDATE FOR MOBILE BANKING SERVICES
(In case of accounts in name of more than one person)

To
Swatantrya Senani Late Shripal Alase (kaka) Kurundwad Urban Co Op Bank Ltd

I/We, _____
_____ (All account holders
except the one applied for mobile banking service) am/are the joint account holder(s) of Bank Account Number SB/CA____ (The
said account/s) opened with Swatantrya Senani Late Shripal Alase (kaka) Kurundwad Urban Co Op Bank Ltd. along with
_____ (name of first account holder availing mobile banking service). I/We
hereby authorize _____ (name of first account holder availing mobile
banking service) to avail Mobile Banking Service for the said account(s) for and on my/our behalf.

I/We affirm, confirm and undertake that I/We have read and understood the Terms and Conditions for usage of the Mobile Banking service of Swatantrya Senani Late Shripal Alase (kaka) Kurundwad Urban Co Op Bank Limited. Which may be amended from time to time, and that I/we agree to abide by them.

I/We hereby state that I/we wish to revoke the above authorizations; I/we shall duly issue a letter of revocation ("the revocation letter") to Swatantrya Senani Late Shripal Alase (kaka) Kurundwad Urban Co Op Bank Ltd in this regard. I/we hereby agree that until ten days after receipt of such revocation letter, the authorization as aforesaid shall hold good.

I/We further authorize the Bank to debit our accounts towards any charges for mobile banking service, if applicable in future.

Yours faithfully,

Signature: _____ Signature: _____

Second Holder: _____ Third Holder: _____

Branch Code:

Branch Name:

Branch Authorized Signatory