**Jila Sahkari Kendriya Bank Maryadit Rajnandgaon (C.G)**

Application for the Activation of Mobile Banking

To

The Branch Manager

Jila Sahkari Kendriya Bank Maryadit Rajnandgaon

Branch Name: ……………………………….

Dear Sir/Madam,

Date: ………………………

I am a saving account holder of your Bank’s Branch at ………………………….…. I wish to register for the Mobile Banking Services of the Bank. I am hereby Submitting my request for the activation of Mobile Banking Services for my Account. The Details of which are Under:

Name of Customer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Customer id

Account Number

Other Details:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mobile Number |  |  |  |  |  |  |  |  |  |  |
| Date of Birth | | |  |  |  |  |  |  |  |  |
| E-Mail id | | |  | | | | | | | |

DECLARATION

I have gone through in details the terms and conditions prescribed by the Bank with regard to its Mobile Banking Services provided to the customers. I agree to abide by the same and accept them unconditionally. I further agree to abide by any modifications to those terms and conditions that may be made by the Bank in future with or without any notice, I further acknowledge the responsibility on me for the transactions executed through Mobile Banking Services and I agree that the same will be binding on me, I therefore request you to kindly activate the Mobile Banking Services for my Account and provide me with MPIN-Mobile Banking Personal identification number and another details as may be necessary (Kindly communicate once the services are activated for my account) .

**Date ………………………….. …………………………………………**

**FOR BRANCH USE ONLY (**Signature of the Customer) Verified the details of account holder from the record and found correct. The applicant is permitted to

subscribe to Mobile Banking Service offered by the Bank.

Date …………………. Authorized Signature