दि रेवाड़ी सेंट्रल को-ऑपरेटिव बैंक लिमिटेड

THE REWARI CENTRAL CO-OPERATIVE BANK LTD

Application for availing MOBILE BANKING Services

[Please read the terms & conditions carefully before filling up this form]

The Head of the Branch
The Rewari Central Cooperative Bank Limited.
______________________(Branch)

Dear Sir,

I/we wish to subscribe to the **Mobile Banking facility** offered by the Bank for my/our following Account for which the mode of operation of the account is **Single** ☐ **Either or Survivor** ☐ **Anyone or Survivor** ☐ **I/we confirm that for the accounts mentioned below, none of the account holder/s is a minor**.

Declaration

CUSTOMER ID*: ☐☐☐☐☐☐☐☐☐☐

ACCOUNT NO*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NAME OF ACCOUNT HOLDER: ____________________

DATE OF BIRTH: ☐☐☐ EMAIL ID: ____________________

ADDRESS ____________________

CITY: ____________________ STATE: ____________________

PIN CODE: ☐☐☐☐☐☐

MOBILE NUMBER: ☐☐☐☐☐☐☐☐☐☐

Declaration

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 **The Rewari Central Cooperative Bank Limited** as set forth in **www.cbrewari.com** and that I/we agree to all the terms/conditions of applying/availing/maintaining/operating (as applicable) for usage of Mobile Banking service of **The Rewari Central Cooperative Bank Limited** as may be in force from time to time. I/we further authorize **The Rewari Central Cooperative Bank Limited** to debit my/our account/s towards any applicable charges for mobile banking service, payable currently or in future.

Place:____________________

Date: ____________________ ____________________

(Signature of the customer)

FOR BRANCH USE

It is confirmed that:

- The information provided by the applicant is verified and found correct.
- The Mobile banking registration process has been completed as per request.
- Mobile Banking facility is flagged positive in the Account Master for all accounts opted for by the applicant.

Branch Manager Accountant/Jr.Accountant