**Vardhaman (Mahila) Cooperative Urban Bank Ltd**

**Mobile Banking Service Request Form**

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| --- | --- | --- | --- | --- | --- |
| Application for : Registration  |  | Deregistration  |  | Resetting of Mpin |  |

(Branch Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I request you to register my application for Mobile Banking Facility and allow me use the same.

|  |  |
| --- | --- |
| **Name of the Customer \*** |  |
| **Customer ID \*** |  |
| **Customer Account No \*** |  |
| **Type of Account \*** |  |
| **Address \*** |  |
| **Mobile No \*** |  |
| **Email ID \*** |  |
| **Date of Birth #****(Date of incorporation in case of company)** |   |

# As registered with bank

|  |  |  |
| --- | --- | --- |
| **S.No** | **Account Number (s)(linked under above mentioned customer ID only** | **Mode of Operation of respective account(Single/Either or Survivor/Anyone orSurvivor) (To be filled by Branch)** |
|   |   |   |
|   |   |   |
|   |   |   |

**Declaration:**

**I hereby confirm the following:**

1. I confirm that I have availed the ATM card for my operative account in the Bank.
2. I affirm, confirm and undertake that I have read and understood the Terms & Conditions for users of Mobile Banking as set forth in Bank’s website [www.vardhamanbank.com](http://www.vardhamanbank.com)and I agree on my behalf as the Mandate holder on behalf of the joint account holders and will adhere to all the terms and conditions of opening/applying/availing/maintaining/operating (as applicable) for usage of Mobile Banking, as may be in force from time to time Vardhaman Bank need not given me a separate notice. I authorize Vardhaman Bank to debit my account(s) towards charges if any, for available Mobile Banking Services.
3. I agree and understand that it is my responsibility to inform he Bank any change in my address and if I fail to do so all communications may be sent by the Bank to the address stated in the Application form and they would be deemed to be duly served.
4. I undertake no to share the application password and or MPIN to anyone. The complete security of the above password and MPIN is my own responsibility.
5. I agree and understand that the Bank has a right to decline any transaction/all transactions without notice.
6. I agree and understand that Vardhaman bank reserves the right to reject any application or block or withdraw Mobile Banking Service to any or all account(s) without assigning any reason.
7. I accept that I will be responsible for keying in the correct account number(s) for the funds transfer request. In no case Vardhaman Bank shall be liable or responsible for any erroneous transactions incurred arising out of or relating to the our account, entering wrong account number(s) or for such other errors resulted from operation of the account by me wrongly and loss thereby.

I/we understand that the verification of the beneficiary’s account will be my/our sole responsibility basing on which third party transfers are made through the mobile banking service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Account Holder(s)

(In case of joint account, all account holders should sign the mandate form in addition to this application form, authorizing the above customer to avail the mobile banking operation for the account.

**NB : In case of joint accounts, please also submit the letter of mandate duly filled in.**

**For office use**

**Branch confirmation**

We confirm the following and recommend for granting mobile banking facility to the above customer:

1. **The mobile number provided by the customer above has been verified by me by obtaining a phone call from that number or making a phone call to his number**.
2. The customer details given above are correct and the same are recorded in CBS as on date.
3. We have verified the signature of the customer as appearing above and confirm the same is tallying with the specimen signature available in CBS as on date. Signatures of all other account holders of the account has also been taken confirm that they are tallying with the specimen signatures available in CBS as on date.
4. The communication address with pin code as given by the customer has been updated in the CBS after obtaining the required documents.
5. All the mandatory fields marked by ‘\*’ have been filled by the customer and updated in CBS after obtaining proper evidences.
6. In case of Joint account, letter of mandate from other account holders have also been taken.

Name of the Branch:

Date: Signature of verifying officer

 Name of the officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_