



M.S.CO-OPERATIVE BANK LIMITED

Head Office: M S PLAZA ABHILASHA CHAR RASTA NEW SAMA ROAD NIZAMPURA VADODARA
 PIN CODE: 390024 GUJARAT Phone No: 0265-2713433/34/35 Fax No: 0265-2713433
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Mobile banking Registration Form

- Application for Registration for Mobile banking facility
 De-Registration of Mobile banking facility
 Linking Bank account with existing Mobile banking facility
 De- Linking Bank account with existing Mobile banking facility

BRANCH: _____ Client ID: _____

I/We request you to arrange to provide/remove above facility of Mobile banking as per details below:

NAME OF ACCOUNT HOLDER (In Block Letters)													
MOBILE NUMBER Where Mobile Banking Will Work													
CUSTOMER ID													
A/C Type													
PRIMARY ACCOUNT NUMBER													
Please give the choice of Account holder, in case of Joint Account with operating instructions " Either or Survivor "													

COMUNICATION ADDRESS													
	City	State					Pin						
	Email :						Tele. No.						

EXISTING ACCOUNT		Name of the Account Holder s	A/C Type	Account Number
To be linked in Mobile Banking Facility (Please refer the condition overleaf) (Please ensure that all stated accounts have the same Customer ID of the applicant)	1			
	2			
	3			
	4			
	5			

I/We confirm to download the Mobile banking software as directed by the Bank through app store or through any other mode. I/We confirm that I/We have read the ' TERM & CONDITIONS ' related to Mobile Banking, appearing in Bank's website www.mscoobank.com and in the reverse of this application and accept the same in full unconditionally.

I/We undertake to state that I/We will not share my/own application password and /or MPIN to anyone. The complete security of above password is my/own responsibility.

I/We understand the that I/We shall be required to initiate SMS or GPRS services for availing Mobile Banking facility and hence shall be liable to pay charges to my / our respective Services Provider as per application tariff plan. I/We also understand that Bank would not be responsible / liable for any such charges levied by the Service Provider.

I/We understand that we I/We shall be liable to pay SMS charges as to my / our respective Service Provider for activation/using the mobile banking application.

Date :			
Place :	Signature of first Holder	Signature of Second Holder	Signature of Third Holder

Name of Officer/Manager:

Sign with Branch Stamp:

For Office Use Only

Branch										Head Office	
Customer ID:										Name of Officer	
Checked Details and Found Correct in CBS										Signature :	
Signature :										Employee ID :	
Name of Officer :										Name of Officer	
Employee ID :										Signature :	
Account Verified :										Employee ID :	
Signature :										HO Received Date :	
Name of Officer/Manager :										MMID Create date:	
Employee ID :										MMID NO.	
Stamp											

If application is rejected, specify the reason:

Eligibility

NO	Type of Account	Constitution	Mode of operation	Eligibility
1	SB Account	Single	Single	Account holder is eligible
2	SB Account	Joint	E or S	As per choice of all account holders. Application to be signed jointly
3	SB Account	Joint	Jointly	NOT Eligible
4	SB Account	Minor	Single	Minor above the age of 15 is eligible
5	Current Account	In the name of SELF. Single	Single	Account holder is eligible
6	Current Account	In the name of firm. Single	Single	Account holder is eligible
7	Current Account	Partnership Firm/Company	Any one partner/Director	The person authorized to operate. All Partner/Director will sign the application.
8	Current Account	Partnership Firm	Jointly operated	NOT Eligible
9	CC,OD(against FD/Property)	Single	Single	Account holder is eligible
10	CC,OD(against FD/Property)	Joint	E or S	As per choice of all account holders. Application to be signed jointly
11	CC,OD(against FD/Property)	Joint	Jointly	NOT Eligible

Linking of accounts (Provided Customer ID of the primary account holder and “to be linked” account are same)