

**THE VELLORE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.,**

3, Anna Salai, (Officers line), Vellore – 632 001.

Phone :- (0416) 2220 522, 722 &amp; 524

Fax : 0416 – 2222634 E-Mail : velccb.00@gmail.com

**MOBILE BANKING APPLICATION FORM**

TO

The Manager

The Vellore District Central Coop Bank Ltd

..... Branch

DATE : .....

I/We wish to apply for availing the Mobile Banking Service offered by The Vellore District Central Cooperative Bank Ltd.,. Herewith, I am furnishing the details of my / our account for which this facility shall be enabled.

Customer Details			
CIF No.			
Customer Name			
Customer Address			
Mobile Number			
SMS Alert Req.	<input type="checkbox"/>		
Primary Account Number		Account Type	Single / Joint / Either or Survivor
Email Address			

**Declaration:-**

I hereby confirm that the following:-

- I/We have read and agree to abide by the terms and conditions governing Mobile Banking Services which is appended below.
- I am the sole account holder or I have the required mandate for joint account to singly operate the account through Mobile Banking.
- I am solely responsible for all the transactions happening through my mobile number.
- I will keep the application User ID/Password and M-Pin any other form of security/ authentication OTP provided by the Bank and maintain the confidentiality and secrecy. I am aware and agree that Mobile Banking are offered based on my primary CIF and all the accounts linked or linked in future with primary CIF, will be available for transactions under Mobile Banking.
- In case of change in mobile number, I will uninstall /remove the mobile banking application installed in my mobile, for maintaining the confidentiality and secrecy.
- In case of lost/theft of my Mobile / SIM, I will immediately inform the bank to cease/ suspend the mobile application facility.
- I will maintain minimum balance stipulated and agree to pay the charges applicable for this service and hereby authorize VCC Bank Ltd., to debit my account(s) towards any service charges if any, as and when it is applicable.
- I declare that the above details mentioned in the application are true and correct to the best of my knowledge.

Name of the Account Holder	Signature of the Account Holder



## **LETTER OF MANDATE FOR JOINT / E or S ACCOUNTS**

- I/We hereby agree to the terms and conditions specified by the Bank for Mobile Banking which is appended below
- I/We authorise the account holder Mr./Ms./Mrs. .... for operating the above mentioned account(s) through Mobile Banking services offered by VCC Bank.
- I/We undertake to ratify and confirm all and whatever Mr./Ms..... Does or causes to do through Mobile Banking services offered by VCC Bank.
- This authority shall continue to be in force, until I/any one of us revoke this mandate by a notice in writing delivered to you.

Name of the Account Holder(s)	Signature of the Account Holder
1.	
2.	
3.	

**(For Branch use only)**

..... Branch

DATE : .....

### **BRANCH VERIFICATION AND CONFIRMATION**

1.	Whether account Number(s), Name/Address in the application mentioned/applied are matched with KYC already obtained?	
2.	Whether the mobile number provided in CBS and this application form matches?	
3.	Whether applicant signature is verified?	
4.	Whether letter of mandate for joint account operation is obtained?	
5.	Mobile number not linked to any other CIF for Mobile Banking	

### **Declaration :**

I hereby certify that all the above information has been verified, updated are correct. The Mobile Banking Services can be enabled for the applicant.

Entered by(Maker Sign) :	Verified by(Checker Sign) :
Emp ID :	Emp ID :

Date of dispatch of Application to Head Office :

**(For Head Office use only)**

Date of application received:	Verified by(Checker Sign)
User details entered by:	
Checked and processed by:	