THE NILGIRIS DISTRICT CENTRAL COOPERATIVE BANK LIMITED,

POST BOX No. – 47,CHARING CROSS,UDHAGAMANDALAM.PIN Code: 643 001

MOBILE BANKING APPLICATION

To

The Manager,
The Nilgiris District Central Cooperative Bank Ltd,

…… Branch/Head Office.

I/We wish to apply for Mobile Banking Services of The Nilgiris District Central Cooperative bank Ltd. I submit the information required for the purpose as under:

Name of Customer:

CIF Number: | | | | | | | | | | **Mobile number:** | | | | | | | | | | |

Account Number: | | | | | | | | | | **DOB** | | | |

Email Id:

Declaration and acceptance:-

I hereby confirm that the followings,

1/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 password/User ID/ any other form of security/ Authentication OTP provided by the bank and maintain the confidentially 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 maintain the confidentiality and secrecy.

In case of lose/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 The Nilgiris District Central Cooperative 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.

X……..

Date: …… **Signature of the Account Holder**

…….

FOR OFFICE USE ONLY

Verified the details of the account holder from the record and found correct. The applicant is permitted to subscribe to Mobile Banking Service offered by the Bank.

Date: **Authorised Officer**

Above details uploaded for enabling the account(s) for Mobile B**anking Service requested by the Customer.**

Date: **Entry made by** **Authorised Officer**