

The Gurgaon 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 Bra	nch												
The Gurgaon Centra	al Co-o	perative	Bank	cLtd.									
		(Br	anch)										
		(Ci	ty)										
Dear Sir													
I/We wish to subscribe	e to the	Mobile	Bankir	ng Facil	ity off	ered by	the l	Bank	for m	ıy/ou	r follov	ving A	ccoun
for which the mode of o	peration	of the ac	counts	is Sing	e	Either	or Su	rvivor		Anyo	ne or	Survi	vor
I/we confirm that for	r the ac	counts	menti	ioned b	elow,	none	of the	e acc	ount	hole	der/s	is a m	ninor.
				Decla	ration								
CUSTOMER ID*						T			7				
ACCOUNT NO.*	\Box		T		T	T	T	T	Ī		1		
NAME OF ACCOUNT H	OLDER						-		_				
DATE OF BIRTH:	П			EMAIL	ID:								
ADDRESS:													
CITY:	111			STATE									
PIN CODE:													
MOBILE NUMBER :													
_													
				Decla	ration								
I/we affirm confirm an usage of the Mobile B www.cbgurgaon.cor operating (as applicat Bank Ltd. as may b Co-operative Bank L service, payable curre	anking n and the ole) for the ole in fo td. to d	service hat I/we usage of rce fron ebit my/o	of The agree f Mobil n time our acc	Gurga to all the e Banki to time	on Ce e term ng Sei e. I/we	ntral C s/cond vice of further	o-op itions The er au	of ap Gurg thoria	ve B oplyin gaon ze. T	ank g/ava Cen he (Ltd. a: ailing/ tral C Surga	s set f mainta o-ope on C	orth ir aining rative entra
Place :													
Dete :													
Date :								/Cia	native	0 06	the cu	ntam-	12

- 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