



The Citizen Co-operative Bank Limited

H.O. : Vasco-da-Gama, Goa.

SMS BANKING APPLICATION FORM

To,
The Branch Manager,
The Citizen Co-op. Bank Ltd.

Date : _____

_____ Branch

I/We request you to kindly grant me / us the following facilities.

(Tick whichever is applicable)

| | |
|-----------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| SMS Banking Facility | Statement on E-mail |

The details of My / Our Account(s) is/are under :

*(All fields are mandatory)

Customer No. (FOR BANK'S USE) _____

Name of the Customer(s) 1. Mr/Mrs/Miss/M/s. _____

2. Mr/Mrs/Miss/M/s. _____

3. Mr/Mrs/Miss/M/s. _____

Address : Flat No. & Wing _____

Society _____

Road _____

Landmark _____

City _____ Pin _____ State _____

E-mail Address _____

Contact Number(s) Office Tel. No. _____ Residence Tel. No.: _____

Mobile No.: _____

Date of Birth dd/mm/yy _____

Profession _____ Qualification _____

Account detail (maintained by me / us)

| Sr# | Branch Code / Name | Account Type & Account No. for e.g. SBA, CRA, CCL, etc. | Customer No. (Bank's Use) | Operational Instructions Facility (Tick whichever is applicable) | SMS Banking Facility (Tick whichever is applicable) |
|-----|--------------------|---|---------------------------|--|---|
| 1. | | | | Self / Jtly / E or S | YES / NO |
| 2. | | | | Self / Jtly / E or S | YES / NO |
| 3. | | | | Self / Jtly / E or S | YES / NO |
| 4. | | | | Self / Jtly / E or S | YES / NO |
| 5. | | | | Self / Jtly / E or S | YES / NO |

I/We have read, accept & will abide by the terms & conditions regarding SMS Banking Facility / Statement on Email. I/We also hereby agree to bear the charge (if any) as revised from time to time by the Bank at its sole discretion.

Yours faithfully,

Signature(s) of A/c Holder(s)

1. _____

2. _____

3. _____

4. _____

-----Branch Recommendations-----

KYC Norms Complied :-Yes / No

Signature Verified by :-

KYC norms complied by the account holder & Recommended for Registration:

Branch Manager :
(along with Branch Seal)
Date :

-----Card Management Cell-----

Form Received on :

Form Registered on :

Pin Issued on :

Manager (CMC) :