



The Akola Urban
Co-operative Bank Ltd.

INTERNET BANKING (VIEW) REGISTRATION FORM

Customer ID: _____

To,
The Branch Manager
The Akola Urban Co-Operative Bank Ltd., Akola.

Date : _____

_____ Branch.

I/We wish to register as a user of 'Internet Banking', The Akola Urban Co-operative Bank's Internet Banking Service. *(All the * fields in the application are mandatory)*

Name of Customer * (25 Characters)

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Registered Mobile No* with Bank:
(Mob No. given for SMS alerts)

+91																											
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E-Mail *: _____

Date of Birth*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PAN: _____

(If you are having accounts with Multiple Customer Ids then use separate form for each ID)

My Account Numbers*													Name of Single / Joint Accounts											

I/We have read the provisions contained in the "Terms of Service (Terms & Conditions) document" of "Internet Banking" displayed at The Akola Urban Co-Operative Bank's websites and I/We confirm to accept and comply with all the existing and future updated details mentioned in the policy. I/We also understand that the Net Banking ID & PIN will be provided on Mobile Number and Email address provided above. I/We also wish to enable SMS alert services at applicable charges. I/We declare that all the particulars and information given in the application form are true, correct, complete and up to date in all respects.

Customer's Signature / Seal

Customer's Signature

Customer's Signature

To be filled by Branch Officials:

☐ Signature/s ☐ SMS Alerts Mobile No. ☐ Mode of Operation ☐ KYC ☐ PAN

Verified and confirmed by: Name: _____ Sign: _____

Date: _____

Branch Manager

Back Office Use :

Application received Date:		Regn No: IB -
User ID Created on:	By:	Signature:
Authorised on:	By:	Signature: