



**THE AKOLA URBAN CO-OPERATIVE
BANK LTD., AKOLA**
(Multistate Scheduled Bank)

॥ सहकारेण जनकल्याणम् ॥

MOBILE BANKING REGISTRATION FORM

Branch _____

Customer ID.

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

Date: / /

I/We request you to register for Mobile Banking facility using - "**Akola Urban**" App and required details for the same are, as under. (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*:

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PAN:

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

My Account Number*s												Name of Single / Joint Accounts												Primary A/c.

I / We have read the "Terms of Service (Terms & Conditions) document" of "Mobile Banking" displayed at The Akola Urban Co-operative Bank's Website and I / We confirm to accept and comply with all the required existing and future updated details mentioned in terms and conditions. I / We also understand that the Mobile Banking ID & Password will be provided on Mobile Number and Email address provided above and I / We have to download the application software from Google PlayStore® which will require internet enabled handset. I/We also wish to avail SMS alert services at applicable charges (if not availed). I/We declare that all the particulars and information given in the application form are true, correct, complete and upto date in all respects.

Customer's Signature / Seal

Customer's Signature / Seal

Customer's Signature / Seal

To be filled by Branch Officials :

VERIFIED

Cust. ID Signature/s

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 SMS Alerts Mobile No.

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 Mode of Operation :

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 KYC :

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 PAN :

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Verified and confirmed by : Name : _____ Sign. : _____

Designation _____ EMP No. _____

Date : _____ Branch Manager

Back Office Use

Application received Date :		Regn. No. : MB -	Emp. No.
User ID Created on :	By :	Sign. :	
Authorised on :	By :	Sign. :	



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MOBILE BANKING REGISTRATION FORM

CONSENT from JOINT ACCOUNT HOLDERS

Branch _____

Customer ID.

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First / Applicant Holder's Name _____

With reference to the application made for A/c. No.

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 to

register for Mobile Banking Facility; I/We in capacity of Joint Account Holder/s of the account agree and give my/our consent to Bank for providing Mobile Banking Facility to the First / Applicant account holder as per the terms & conditions and changes from time to time of mobile app service of The Akola Urban Co-operative Bank Ltd., Akola as displayed on its website.

Name	Name	Name
Signature	Signature	Signature

VERIFIED

To be filled by Branch Officials :

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

Verified and confirmed by : Name : _____ Sign : _____
: Designation _____ Emp No. _____

Date : _____

Branch Manager
Emp. No.