The Godhra Urban Co-Op. Bank Ltd.

(Estd. On November 18, 1963)

Rana Vyas Marg, Nr. Bethak Mandir, Godhra. 389001 (Dist. Panchmahal)

Registration No.: 4091 RBI License No.: GJ-UBD791P

Pin: 389001 GUJARAT Ph: 02672-251435, 241571, Fax: 02672-251435

E-Mail: godhraurban_2006@yahoo.co.in

PROUDLY CO-OPERATIVE

Mobile banking Registration Form

Application for ☐ Registration for Mobile banking facility

☐ De-Registration of Mobile banking facility

BRANCH: _____

I/We request you to arrange to provide/remove above facility of Mobile banking as per details below:

NAME OF ACCOUNT HOLDER (In Block Letters)	
MOBILE NUMBER Where Mobile Banking Will Work	
CUSTOMER ID	
PRIMARY ACCOUNT NUMBER	
Please give the choice of Account holder, in case of Joint Account with operating instructions " As Per Mode of Operation "	

COMINICATION ADDRESS			
	City	State	Pin
	Email :		Tele. No.

I/We confirm to download the Mobile banking software as directed by the Bank through app store or through any other mode. I/We confirm that I/We have read the ' TERM & CONDITIONS ' related to Mobile Banking , appearing in Bank's website Www.gubank.co.in and in the reverse of this application and accept the same in full unconditionally.

I/We undertake to state that I/We will not share my/own application password and /or MPIN to anyone. The complete security of above password is my/own responsibility.

I/We understand the that I/We shall be required to initiate SMS or GPRS services for availing Mobile Banking facility and hence shall be liable to pay charges to my / our respective Services Provider as per application tariff plan. I/We also understand that Bank would not be responsible / liable for any such charges levied b y the Service Provider.

I/We understand that we I/We shall be liable to pay SMS charges as to my / our respective Service Pr ovider for activation/using the mobile banking application.

Date :			
Place :	Signature of First Holder	Signature of Second Holder	Signature of Third Holder
	Signature of Fourth Holder	Signature of Fifth Holder	Signature of Sixth Holder

Name of Officer/Manager:

Sign with Branch Stamp:

For Office Use Only

Branch														Head Office	
CustomerID :														Name of Impoter	
Checked Details and Found Correct in CBS														Signature :	
Signature :														Employee ID :	
Name of Officer :														Name of Officer	
Employee ID :														Signature :	
Account Verified :														Employee ID :	
Signature :														HO Received Date :	
Name of Officer/Manager :														MMID Create date:	
Employee ID :														MMID NO.	
Stamp															

If application is rejected, specify the reason:_____

Eligibility

NO	Type of Account	Constitution	Mode of operation	Eligibility
1	SB Account	Single	Single	Account holder is eligible
2	SB Account	Joint	E or S	As per choice of all account holders. Application to be signed jointly
3	Current Account	In the name of SELF. Single	Single	Account holder is eligible
4	Current Account	In the name of firm. Single	Single	Account holder is eligible
5	Current Account	Partnership Firm/Company	Any one partner/Director	The person authorized to operate. All Partner/Director will sign the application.
6	CC,OD(against FD/Property)	Single	Single	Account holder is eligible
7	CC,OD(against FD/Property)	Joint	E or S	As per choice of all account holders. Application to be signed jointly
8	SB,CD,CC,HYP,OD (against FD/Property)	Joint	Jointly	NOT Eligible

Linking of accounts (Provided Customer ID of the primary account holder and "to be linked" Account are same)