

Banking facility. I/We shall be liable to pay charges to the service provider.

Date: .....

## THE AKOLA JANATA COMMERCIAL CO-OPERATIVE BANK LTD; AKOLA

(MULTISTATE SCHEDULED BANK)

## **Application for Mobile Banking**

Registration for Mobile Banking - PayJan		
☐ De-Registration for <b>PayJan</b>		
<ul> <li>Linking bank accounts with existing PayJan</li> </ul>		
<ul> <li>De-Linking bank accounts with existing PayJan</li> </ul>		
The Branch Manager, Date:		
Branch		
I/We request you to provide Mobile Banking facility for below mentioned Customer Number, Mobile lumber & Accounts.		
Customer No. Mobile Number (Registered for SMS)		
My Personal Details are as given below (Please fill this form in ENGLISH and BLOCK LETTERS)		
full Name		
Primary Account Number or Mobile Banking		
AN Email		
Sr. No. 15 Digit Account Number linked to above Customer Number		
DECLARATION		
. I/We agree to download the Mobile Banking App software from website or Play Store		
. I/We have read and accepted the "Terms and Conditions" displayed on www.akolajanatabank.com which can be amended from me to time regarding the use of Mobile Banking facility. I/We accept and agree the same unconditionally on my/our own behalf or as ne mandate holder on behalf of the joint account holders and be bound by the said "Terms and Conditions" limiting the Bank's liability. We understand that the Bank may, at the absolute discretion, discontinue any of the services completely or partially without any notice of me/us. I/We agree that the Bank may debit my/our accounts for service charges as applicable from time to time. I/We understand that all the operations effected through use of Mobile Banking are binding on me/us. I/We also agree that as pre-requisite for Mobile anking, Bank may register me/us for SMS facility. I/We are aware that SMS, GPRS or 3G/4G Services are required for availing Mobile		

SIGNATURE OF THE FIRST ACCOUNT HOLDER

## **Mandate For Joint Account Holders**

I/We the joint account holders agree with and give my/our consent to Bank to provide Mobile Banking facility to the applicant customer on the terms and conditions governing this facility.

Name & Signature of Joint Account Holders			
Name :	Name :	Name :	
Signature :(Second Holder)	Signature :(Third Holder)	Signature :(Fourth Holder)	
For Branch Office use only			
1) Signature of the applicant & joint account holder/s verified 2) Mode of operation is verified as either or survivor 3) KYC norms complied for all accounts 4) All accounts are of same Customer Number 5) PAN Number of Customer verified 6) SMS registration done  Recommended for Registration De-Registration Linking D-Linking			
( Signature of Branch Officer)		Branch Seal	
Employee Code :			
For Mobile Cell use at Head Office			
Processed Date :	Appl	ication Number :	
Processed By :(Name)	Proc	essed By:(Signature)	