



**NILAMBUR  
CO-OPERATIVE  
URBAN BANK**

**APPLICATION FOR CHANNEL FACILITIES**

Date           **2** **0**

To  
The Manager  
Nilambur Co-operative Urban Bank Ltd  
Branch.....

Sir,

I/We wish to avail the following channel facilities for the accounts as mentioned below

**NAME OF THE APPLICANT**

Name & Address

Mob. No.  Customer No.

**CHANNEL FACILITIES**

	Account Numbers	Facilities required				Others .....
		SMS	ATM	MOB	iNET	
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name as appearing on ATM Card:

*Applicable only for personalised ATM card request (maximum 18 letters)*

Update my Email ID  In Customer No.

**\*JOINT ACCOUNT HOLDER'S MANDATE**

Name of Joint Account Holders (other than User):

1..... 2..... 3.....

I/We authorise.....(Applicant) to avail ATM Card/Mobile Banking / Mobile Alert / Email Alert / Internet Banking service in respect of all the accounts linked to his/her customer ID mentioned in this application form. We undertake to ratify and confirm all and whatever the applicant does or causes to do through these service(s). This authority shall continue to be in force until any one or all of us revokes it by a notice in writing delivered to you.

**Signature of Joint Account Holders (other than User):**

*\*Applicable only for joint account with mode of operation E or S, Anyone of us*

**DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
- I wish to avail the add-on facility/facilities, as selected above, in my account. I declare that I am aware of the Bank's rules, and terms and conditions governed on the above mentioned channel services. For the purpose of availing the services in respect of joint accounts, I am enclosing the mandate from the joint account holders.

Place :.....

Date :...../...../ 20.....

**Signature of the Applicant**

**FOR OFFICE USE**

SMS  ATM  MOB  iNET  Others .....

Date :...../...../ 20.....

Channel facilities Registered / Changing communication Address noted.  
For change in communication Address, KYC documents obtained and varified

Name, Signature of Mgr/AO & Signing Power No.