JAIN CO-OPERATIVE BANK LIMITED.

Registered Office 80, Darya Ganj New Delhi – 110 003.

अहिंसा परमो धर्मः

DECLARATION

I/We affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of RuPay Debit Card / SMS Alerts service of Jain Co-Operative Bank Limited. I agree on my own behalf or as the mandate holder on behalf of the joint / account holders and will adhere to all the terms / conditions of opening, availing and operating usage of RuPay Debit Card / SMS Alerts service as may be in force from time to time.

I/We declare that all the particulars and information given in this application from (and all documents referred or provided therewith) are true, correct, complete and up – to – date in all respects and I and other joint account holders have not withheld any information.

I/We agree and undertake to provide any further information that Jain Co-Operative Bank Limited. may require. I agree and understand that Jain Co-Operative Bank Limited. reserve the right to reject any application without providing any reason. I agree and understand that Jain Co-Operative Bank Limited. reserves the right to retain the application forms and the documents provided therewith and will not return the same to me/us.

I/We authorize Jain Co-Operative Bank Limited. or their agent to make references and enquires which Jain Co-Operative Bank Limited. consider necessary in respect of or in relation to information provided by me/us in this application.

I/We authorise the Bank to debit my/our primary account for any charges payable by me for the activation/ subsequent transactions / deactivation of services as determined by the bank or by the regulatory authorities from time to time.

Signature of Applicant(s)

1st Applicant

Name : _____

2nd Holder

Name : _____

3rd Holder

Name : _____

4th Holder

Name : _____

For Office Use Only

Signature of Customer and Mode of Operation of Account(s) verified : Yes ____ KYC Complaint : _____

	Name of the Staff	Signature of the Staff
Verified By		
Master Updated by		
Authorized by		

Receipt Date : _____ Approved

Time : _____

Branch Manager

ACKNOWLEDGEMENT

Received ATM Application Form from Mr./Mrs./Miss _____ (SB/CA) A/c No._____ Date : _____

Authorised Signatory

JAIN CO-OPERATIVE BANK LIMITED.

Registered Office 80, Darya Ganj New Delhi – 110 003.

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Customer Request Form– RuPay Debit Card | | SMS | |

Application No. : | | Date : | |

Card No. | | | | | | | | | | | | | | | | |

Branch _____ | PAN Number | | | | | | | | | |

Name (as desired on the Card) | | | | | | | | | | | | | | | | | | | | | |

DOB : | | | | | | | | | |

Gender MALE | | FEMALE | |

Statement on E-MAIL: Email ID : _____

SMS Alert Yes _____ No. _____

I confirm that I am the sole account holder or I have the required mandate enclosed from the joint account holder(s) to operate the account.

Mobile No.										
Landline No.										

Mailing / Permanent Address:

_____

_____

State_____Pin Code _____

Primary A/c No																	

I have submitted all KYC documents to the Bank. I confirm that I am the sole account holder. I have the required mandate from the joint account holder (s) for ATM Operations.

Signature_____Date_____Place_____

Signature and Mode Of Operations Confirmed" by Branch HEAD ONLY_____ Dated_____

JAIN CO-OPERATIVE BANK LIMITED.
REGD. ADDRESS: - 80, Daryaganj, New Delhi 110 003.

अहिंसा परमो धर्मः

MANDATE FOR ATM

We the undersigned, Joint Account holder(s) hereby authorise Mr./Mrs./MS._____ to operate the SB/CA Account no. _____with Jain Co-Operative Bank Limited. _____ branch singly for ATM operations.

Sr. No.	Name of the A/c holder	Signature
1)		
2)		
3)		
4)		
5)		
6)		

For Office Use Only

Signature of Customer and Mode of Operation of Account(s) verified :

A/C Complaint : _____

	Name of the Staff	Signature of the Staff
Verified By		
Master Updated by		
Authorized by		

Receipt Date : _____

Approved

Time : _____

Branch Manager