



APPLICATION FOR SMS ALERTS

To,
The Branch Manager

_____ Branch,

I / We wish to avail CITIZEN CREDIT Co-operative Bank Ltd. SMS Alert facility extended by the Bank pertaining to my Account.

NAME: MR/MRS/MS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(FIRST NAME) (MIDDLE NAME) (SURNAME/ LAST NAME)

MAILING ADDRESS

CITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Number for SMS Alerts:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Customer Account Number:
(SB /CD/OD)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ALERTS PROVIDED

- ☞ Credits/ Debits in primary accounts
- ☞ Remittances received through NEFT/RTGS/ECS/NECS
- ☞ ATM cash withdrawals
- ☞ Deposit Maturity alert before 3 days
- ☞ Cheque bounce / return information
- ☞ Promotional Alerts
- ☞ Greetings

DETAILS OF CUSTOMER KYC DOCUMENTS (ATTACHED):

(In case of non submission of KYC Documents for Primary accounts)

PHOTO IDENTITY PROOF	
ADDRESS PROOF	

Declaration:

I/We confirm that the information furnished in this form is true and correct. I/We have read and understood the terms and conditions in respect of CITIZENCREDIT Co-operative Bank Ltd. Mobile Banking available on Bank's Website. I/We acknowledge that the bank may from time to time send me additional free alerts / messages / information, over and above mentioned alerts, over the mobile phone. I/We accept and agree to be bound by the said terms and conditions and to any changes made therein from time to time in future.

Sr No.	Account Number	Name of Joint A/c holder (If any)	Mode of Operation*

Place:

Date:

(Signature of the applicant)

* Self, E / S = Either or Survivor, F / S = Former or Survivor, A / S = Anyone or Survivor , All Jointly

In case of Joint Account Holders

We permit the applicant to access the above account(s) through CITIZENCREDIT Co-operative Bank Ltd. mobile Banking service.

Place:

(Signature of the Joint a/c holders(s))

Date:

For Office Use

We confirm having verified the signature and mandates for the accounts including those for joint account holders. We also confirm that KYC norms have been complied with by the account holders. We recommend providing CITIZENCREDIT Co-operative Bank Ltd. Mobile Banking services to the above customer(s). Original application is retained at the branch and the second copy being sent for enabling CITIZENCREDIT Co-operative Bank Ltd. Mobile banking facility.

SB/CA/OD Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Customer Identification Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch : _____ Verifying Official : _____ Branch Manager: _____

Submission Date : _____