



THE CO-OPERATIVE BANK OF MEHSANA LTD.

Reg. Office:- 3/A, Virnagar Society,
S.T. Workshop Road, Mehsana-384002
Phone: (02762)243125, 246116

Email id:-info@bankofmehsana.com
Web Site:-www.cobmahesana.com

REGISTRATION FORM FOR E-STATEMENT

Branch : _____

Application Date:

D	D	M	M	Y	Y	Y	Y
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I/We request you to Register Email Id for E-statement facility in my accounts with your branch with following rights.

Account No**:

Name of Account Holder: _____

Statement Period*: Monthly/Quarterly/Half Yearly/Financial Year

Email Address*: _____

Mobile No. * : _____

Communication Address*: _____

Our E-statement service will be available to customers having a satisfactory running account with the Bank. In case of Joint account where mode of operation is "Either or Survivor" / "Any one of us" Any one of authorized person can use this facility. The transactions in such accounts shall be binding on all the joint account holders, jointly and severally. Accounts where mode of operation is "joint" as also accounts in the name of minor or where minor is a joint account holder are not eligible for The co-op. Bank of Mehsana Ltd. E-statement services.

*The details need to be filled to avoid rejection of the form.

**All the accounts having the same customer id would be linked to the mobile number specified in the application form.

Terms and Conditions:

- Customers shall not use e-statement Services for illegal activities.
- Bank shall not be responsible for any loss to customers arising out of usage of e-statement.
- Bank shall be at liberty to affect any changes in term and conditions from time to time.
- I/We agree to update my email ID/contact numbers/ PAN / Date of birth mentioned above in the bank's records for any further correspondence.
- I/We agree that if my account mentioned above is dormant/ inactive, it will be activated on the basis of this request form.

Declaration:

I confirm that I have read and understood the "Terms and Conditions" as given on the Bank's e-statement Registration form for the usage of e-statement Services and unconditionally accept and agree to abide by the same and such other modifications made by Bank from time to time. I am aware of the nature of services offered by Bank and shall pay charges / taxes as applicable, from time to time, as set forth in Bank's web site or communicated /demanded by Bank from time to time. I also agree to all the terms and conditions of opening / applying / maintaining /operating as applicable / modified for usage of e-statement Services - as may be in force from time to time. I further authorize The Co-op. Bank of Mehsana Ltd. to debit my Account(s) towards charges for availing of services through e-statement Services. I declare that all the particulars and information given in this form are true, correct, complete and up-to-date in all respects and I, have not it held any information. I agree and undertake to provide any further information that Bank may require. I agree and understand that The Co-op. Bank of Mehsana Ltd reserves the right to reject any application or block or it draw the e-statement Services - to any or all account(s) without assigning any reason. I authorize The Co-op. Bank of Mehsana Ltd. to ask references and enquiries consider necessary in respect of or in relation to information in this application/further applications.

Date : _____

Place : _____

Signature

(In case of Joint accounts ALL account holders to sign.)

For Office Use**Branch Confirmation:**

We confirm that

1. The customer details given above are correct and the same are recorded in CBS.
2. We have verified the signatures of the customer as appended above.
3. The communication address with pin code, mobile no., Email id as given by the customer is updated in CBS.
4. We recommend granting e-statement facility to the above customer.

Verified By: _____

Signature of Verifying Officer:

Seal & Sign