







**Vyapari Sahakari Bank  
Maryadit, Solapur**  
**व्यापारी सहकारी बँक  
मर्यादित, सोलापूर**

452, West Mangalwar Peth, SOLAPUR - 413002  
Ph. 0217-2324714, 2328176, 2729997, 2326050 (Demat & Fax)  
email : vyaparibank\_solapur@yahoo.com



**For Branch use only** (Strike out whichever is not applicable)

**1. Customer Details** (Please tick  relevant boxes)

Name : \_\_\_\_\_

Gender :  Male  Female

Status : Individual Sole Prop.

Marital Status :  Single  Married  Divorced  \_\_\_\_\_  \_\_\_\_\_

Education :  Under Graduate  Graduate  Post Graduate  Doctorate.

Occupation : \_\_\_\_\_

Type :  Staff  General  Valued Customer

Annual Income : \_\_\_\_\_

2. The Customer's particulars, signature/s and details have been duly verified and the same are as per the Bank's record.

3. **Resolution / Documents (wherever applicable) is obtained and kept on record.**

4. We recommend for providing the **Vyapari Sahakari Bank Maryadit, Solapur Mobile Banking View facility / Payments Services** to the applicant and confirm that the applicant has been enabled for Mobile Banking View facility / Payments Services set at the Core Banking System on \_\_\_\_\_

(Note: - All Forms / Supporting documents obtained from the customer to be retained at the Branch after processing)

5. We confirm that customer request along with its supporting documents have been duly verified and kept on branch records.

Date: / /

Signature: .....

Place :- \_\_\_\_\_

Name: \_\_\_\_\_