

Request form for availing Vyapari Sahakari Bank Maryadit Mobile Banking View Facility / Payments Services

(Mobile Banking View Facility / Payments Services) for Individual / Sole-Proprietorship Firm

The Manager,

Vyapari Sahakari Bank Maryadit, Solapur

Branch

Dear Sir / Madam,

Request for availing VYAPARI BANK MOBILE BANKING VIEW FACILITY / PAYMENTS Services-IN CAPITAL LETTERS

Ι																												
	First Name								Middle Name										Last Name									
My Cus	1y Customer ID(s)																											
Resider	Residential Status: 🗆 Indian Resident 🛛 Non-Resident Indian 💭 Foreigner																											
Name o	of th	ne Fi																										
Activity	/ Ту	pe*		ΠT	rad	ing [(*				iring [ase of								her	'S									
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Date of	Inc		• •	/ <i>MM/</i> on																								
				(<i>DD/</i>	ΜM	1/ YYY	Y)																					
Guidel 1) The f 2) Minin 3) Cann 4) Cann	I wish to have any one of the following User ID mentioned in the order of preference. Guidelines for User ID* selection : 1) The first character has to be an alphabet only 2) Minimum length is 6 and maximum length is 10 3) Cannot contain special characters like * ,_, @, & ,+ 4) Cannot contain spaces * User ID shall be allotted to you subject to its availability and shall be advised by a PIN Mailer at your communication address.							ddress.																				
Servic	es l	Requ	Jire	d (pl	eas	se tick		your	chc	oice)																		
<u>Mobile</u>	e Ba	<u>nki</u>	ng \	<u>View</u>	Fa	<u>cility</u>						Y	es				N	D										
<u>Mobile</u>	e Ba	<u>nki</u>	ng I	Paym	en	<u>ts Se</u>	rvio	<u>ces</u>				Y	'es				N	0										
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Vyapari Sahakari Bank Maryadit, Solapur व्यापारी सहकारी बॅंक मर्यादित. सोलापुर

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

Communication address (In Capital Letters)

City			State	e l	Μ	А	Н	А	R	Α	S	Н	Т	R	А	Pin	Сс	ode			
Phone(O)				Pł	non	e(R	2)											L]
Mobile			Fax											Er	nail	<u> </u>					

Declaration

I confirm that I have read and understood the "Terms and Conditions" annexed hereto for the usage of **Vyapari Sahakari Bank Maryadit, Solapur Mobile Banking View facility / Payments Services** and unconditionally accept and agree to abide by the same and such other modifications made by Vyapari Sahakari Bank from time to time. I am aware of the nature of services offered by Vyapari Sahakari Bank through **Mobile Banking View facility / Payments Services** and shall pay charges / taxes as applicable, from time to time, as set forth in Vyapari Sahakari Bank or communicated / demanded by Vyapari Sahakari Bank from time to time.

I also agree to all the terms / conditions of opening / applying / maintaining / operating as applicable / modified for usage of **Vyapari Sahakari Bank Maryadit, Solapur Mobile Banking View facility / Payments Services** as may be in force from time to time. I further authorize Vyapari Sahakari Bank to debit my Account(s) towards charges for availing of services through **Vyapari Sahakari Bank Maryadit, Solapur Mobile Banking View facility / Payments 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 withheld any information. I agree and undertake to provide any further information that Vyapari Sahakari Bank may require. I agree and understand that Vyapari Sahakari Bank reserves the right to reject any application or **block or withdraw the Vyapari Sahakari Bank Maryadit, Solapur Mobile Banking View facility / Payments Services -** to any or all account(s) without assigning any reason. I authorize Vyapari Sahakari Bank or their agents to make references and enquiries which Vyapari Sahakari Bank or its agents consider necessary in respect of or in relation to information in this application/further applications.

I further undertake that it is my/our responsibility to keep the login & transaction password safe and secure and shall take every care that these passwords are not exposed to any third party and any misuse of the passwords shall be at my/our risk and responsibility and I/We shall not held the Bank responsible for the loss incurred by me/us due to misuse of passwords.

Date_ / /

Place_____

Name (_____)

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

Bank's record.

Signature of Officer / Manager

वेश्वासाची परंप

1970-2020

व्यापारी सहकारी बैंक मयादित, सोलापुर



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 C
Education	: 🗆 Under Graduate 📋 Graduate 📄 Post Graduate 📄 Doctorate.
Occupation	:
Туре	: 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: