Signature of bank official with seal



## The Sabarkantha District Central Co-op. Bank Ltd., Himatnagar.

## APPLICATION FORM FOR SK BANK INTERNET BANKING PASSWORD & FUNDS TRANSFER FACILITY (FTF)

I/WE REQUEST YOU TO ISSUE ME/US A USER ID AND PASSWORD FOR INTERNET BANKING FACILITY

Name of the Bar	nk / Entit	y:																				
CIF No. :																						
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Reg. Mobile No.:																						
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View and Funds Transfer (Financial)  Single User							View Only (Non-Financial)															
Multiple User (Maker-checker)							Single User  Multiple User															
	IVIL	lilipie	Usei	(IVIA	Kei-	inec	kei)						IVIU	шріє	e U	sei						
Please Note: Email Id & Mobile No. provided in this from will be used for sending communication retated to password. one time password (OTP), alerts. In account summary section, user will have access to account balances, statement of all accounts linked to CIF "Please fill Annexure for setting up of users to certain access level. Ensure all details are properly filled.  Eligibility (Documents Required): Copy of Resolution of Board of Directors for getting Internet Banking Facility with having names of authorized Persons Names & Designations. Request letter by Corporate Client on their letter head, requesting for Corporate Internet facility requirement and list of authorized persons.  Declaration:  I/we affirm confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Internet Banking service of The Sabarkantha District Co-Op. Bank Ltd. (SK Bank) as set forth in www.skbank.co.in and that I/we agree on my own behalf and will adhere to all the terms/conditions of opening/applying/avalling/maintaining/operating for usage of the Internet Banking service of The Sabarkantha District Co-Op. Bank Ltd. as may be in force from time to time. I/we declare that I/we have read and fully understood the terms and conditions governing Internet Banking facility and unconditionally accept the same, when this facility is granted to me/us. I/we hereby instruct and authorize the Bank to mail/sms my Internet Banking User Ids/Passwords related to my access as per the Bank's records. I/we confirm and agree that the Bank shall not be held responsible in any way for any losses that may be suffered by me as a result of such non-receipt if Password. I/we declare that all the particulars and information given in this application from are true, correct, complete and up-to-date in all respect and I have not withheld any information. I/we further agree and confirm that The Sabarkantha District Co-Op. Bank Ltd. shall not be liable for my/our any transaction made throught Internet Banking facility.																						
	Authorize	d Signa	iture													Auth	norize	d Sig	natur	e		-
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## **CORPORATE NET BANKING APPLICATION FORM (ANNEXURE)**

Please fill Annexure for restricting users to certain access level.

Authorised Persons Details CORPORATE NET BANKING FACILITY

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