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 :			
	First Name	Middle Name	Last Name
A/c. No.	:		SK Bank Internet Banking Facility
Reg. Mobile N	o.:		View Only
Email ID	:		View and Funds Transfer

SK Bank account holders can access their bank accounts through Internet Banking only where the mode of operation of the Bank account is self / either or survivor / anyone or survivor.

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. I/we hereby instruct and authorize the Bank to mail/courier my Internet Banking Passwords related to my access to my address as per the Bank's records or hand deliver at branch. 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 of 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 any losses arising from my/our sharing/disclosing of Login ID, passwords, cards, card numbers or PIN (Personal Identification Number/to anyone, nor shall make claims on the bank for any unauthorized use. I/we shall take all precautions to protect my/our account details so as to avoid any unauthorized use.

I/we do hereby indemnify and forever keep indemnified the Bank and its successors and assigns, from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the terms and conditions mentioned therein.

Undertaking By Joint Account Holders

I/we the undersigned joint a/c holders hereby give our express consent and authorize The Sabarkantha District Central Co-Op. Bank Ltd. to grant Internet Banking facility to the abovereferred applicant Mr./Ms./Mrs.

and we shall be bound jointly and severally on all the transactions made and / or arising from tha use of Internet Banking facility by him/her. I/we understand that all correspondence in the a/c will be addressed to tha first named account holder only.

I/we affirm, confirm and undertake that we have read and understood the Terms and Conditions for usage of the Internet Banking service of The Sabarkantha District Co-Op. Bank Ltd. as set forth in www.skbank.co.in and that we 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.

Date ://(dd/mm/yy)	Place :
Name :	Signature :
Name :	Signature :
Name :	Signature :
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For Branch Office Use only :

Name :

Certified that this request is complete in all respect & all relevant documents are obtained & verified mode of operation and signature of the Account. This request has been personally submitted by the customer. I have satisfied myself about the identity of the customer by verifying his/her KYC documents & also his/her signature in Bank's record and done proper due diligence. The request may please be processed and request to activate the User ID.

Officer / Assistant Ma	anager	Branch Manager/In-Charg	ge
Date :	Branch :	Emp. Code :	-
ઓ કાર્મ SK BANK સાકો § બેંક	Acknowledgment Internet Banking		

Date :

Authorized Signature

Form - 1

We acknowledge receipt of Internet Banking Password & Funds Transfer Facility (FTF) form

Yours faithfully,

CIF. No. :						
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Signature of bank official with seal