



Surat National Co-Operative Bank Ltd.

Application for Internet Banking (For Individual and Joint Account Holder)

(All Fields with * are mandatory to be filled.)

Name of the applicant: Mr./Ms./Mrs.

Surname* First Name* Middle Name*

Mailing Address*: _____

City*: _____ Pin Code*: _____

Email Address*: _____ @ _____

Phone No: _____ Mobile No: _____

Father's / Husband Name*: _____

Mother's Maiden Name*: _____

Date of Birth*: ____ / ____ / ____
(dd) (mm) (yy)

INSTRUCTIONS:

- In case of Joint Accounts, the applicant is required to obtain the attached mandate from the Joint Account Holder(s).
- Account holders can access their bank accounts through Internet Banking only where the mode of operation of bank account is Single / Either or Survivor / Any or Survivor.

Please tick the following options:

- I hereby apply for Surat National Co-Operative Bank Ltd Internet Banking and link my account(s), as mentioned below, to my Login ID.
- I hereby apply for Surat National Co-Operative Bank Ltd SMS Banking Service in respect of my account(s), as mentioned below.
[Please fill account details below]

ACCOUNT DETAILS:

I confirm that I am the sole account holder or I have the required mandate from the joint account holder(s) to singly operate the accounts.

Bank A/c. No. / Loans against Securities A/c. No.	Branch	Mode of Operation (tick one)	Service to be Subscribed (Strike off the option not to be Applied)	Customer ID (for official use only)
		<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor	Internet Banking SMS Service	
		<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor	Internet Banking SMS Service	
		<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor	Internet Banking SMS Service	
		<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor	Internet Banking SMS Service	
		<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor	Internet Banking SMS Service	

I have read and understood the terms and conditions as given on the website (www.suratnationalbank.com), relating to "Internet Banking" offered by the Bank. I sign here below as a token of my acceptance of the terms and conditions as displayed on the Bank's website in force & as my be amended from time to time by the Bank.

Date: ____ / ____ / ____

Signature: _____

Place: _____

Branch Seal / Stamp

LETTER OF MANDATE FOR INTERNET BANKING FACILITIES

(Application for Linking Joint Bank and Joint Loans against Securities Accounts)

To,
Surat National Co-Operative Bank Ltd,

Sir / Madam,

I / We, _____

(All Account holders other than the first holder)
the undersigned, am / are joint account holder(s) of Bank A/c Number _____
of _____

(the "said account/s") opened / established with Surat National Co-Operative Bank Ltd along with

_____ (name of the first joint holder).

_____ (name of the second joint holder).

_____ (name of the third joint holder).

I / We hereby authorize _____ (name of the first joint holder).

to view / access the said account(s) for and on my / our behalf.

All transactions carried out in the said account through use to the Internet Banking facility shall be binding on all the Accounts Holder(s) and we shall keep the Bank saved and harmless from all actions, claims, demands, proceedings, losses, damages, costs, charges

and expenses whatsoever which Bank may time incur, suffer, or sustain or to be put to as a consequence of or by reason of or arising out of transactions carried out through the Internet Banking facility.

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 Bank, as displayed on the website www.suratnationalbank.com, and that I / We agree to abide by them.

I / We hereby state that should I / We wish to revoke the above authorization, I / We shall duly issue a letter of revocation ("the revocation letter") to Bank in this regard.

I / We hereby agree that until ten days after receipt of such revocation letter, the authorization as aforestated shall hold good.

Yours faithfully,

(1) First joint holder's name _____ Sign _____

(2) Second joint holder's name _____ Sign _____

(3) Third joint holder's name _____ Sign _____

Branch seal / Stamp