केनरा बैंक • Canara Bank

APPLICATION FORM for Internet (Retail) / Mobile / Tele Banking Facilities

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For Office use only

The Branch Manager Applica				cation Sl.No.:										
		Date:												
I wish to apply to your In	ternet / Mobile / Tele B	Banking	servic	es– as	a U	SER:	-							
Applicant's Name: Address:														
					P	in:								
Date of Birth:														
Telephone (O):			Mobi	ile No:										
(R) :			E-ma	il ID:										
	Operation Condition *	k			SC	DW /	' AUS	S / J	JOF	/ JO ()			
	*SOW:Sole Owner. AU	S:Autho	rised S	Signator	y. J	OF:J	oint (or F	First.	JOO	:Joi	nt o	r O	thers
My Account No.:	Account No													
SB														
CA														
OD														
FD / KDR / RD														
OTHERS														
		•												

I. INTERNET BANKING FACILITIES REQUIRED: YES / NO (Tick whichever is applicable)

a. Inquiry facilities like Inquiry of Account Details, viewing transaction details, etc., is sufficient.

b. Financial Transaction facilities like Funds Transfer, e-payment, Deposit Opening, Stop Payment, etc., is required

c. I require facility of E-Payment of Direct Taxes. If, facility is required, Please furnish your PAN No. TAN No.

II. MOBILE BANKING FACILITIES REQUIRED: YES / NO (Tick Whichever is applicable)

- a. SMS Request Facility : Required / Not Required
- b. Alert Facility: Required / Not Required Mobile No. (With Country Code)___

If Alerts facility is required, provide the following details: (Fill the below box with appropriate values)

Sl.	Type of Alert	Amt. above which	A/c No. for which alert	If the facility is required,						
No		alerts to be sent	to be sent (More than	tick one of the following						
		(Min. Amt. should	one a/c can be	items through which alert						
		be Rs.10,000)	mentioned here)	message to be sent						
1.	Debit transaction			Email / SMS / both						
2.	Credit transaction			Email / SMS / both						
3.	Balance Alert on	Not applicable		Email / SMS / both						
	monthly basis									
4.	TODs in the accounts	Not applicable		Email / SMS / both						

Email_id to which email alerts to be sent _

III. TELE BANKING FACILITIES REQUIRED : YES / NO (Tick whichever is applicable)

General Conditions:

- 1. Each joint account holder desirous of availing the service shall use a separate application form.
- 2. The account number and customer details should be as per the Bank records.
- 3. Transaction rights are strictly as per mode of operation registered in Bank records.
- 4. Internet, Mobile and Tele Banking Services is provided only in case of single and either or survivor type of joint account.

Declaration:

I declare that I have read and understood the document containing the "Terms & Conditions" and "disclaimer" governing Canara Bank's Internet & Mobile Banking Services as provided in the Bank's Internet Banking Website – <u>www.canarabank.in</u> and I accept the same. Further, I also agree that the transactions and requests executed in the above mentioned accounts through Internet, Mobile and Tele Banking under my User ID and Password will be legally binding on me and I am responsible for maintenance of secrecy and confidentiality of the information passed on to me by the Bank through Internet/Mobile/Email/Telephone. I have the mandate from the other joint holders to view/inquire/operate the joint accounts mentioned above.

Date:

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

Customer ID _____

Branch Stamp

Signatures, account no. and names of the applicant/s verified and found as per Bank's records. Required services are enabled in FCR module. Recommended and Permitted for providing Internet/Mobile/Tele Banking services.

Date:

Signature of Officer (SP No.)

Signature of Branch in-charge

FOR DATA CENTRE USE ONLY

	User Id Created	Authorized and activated
Date :	Internet Administrator	Internet Administrator

Acknowledgement received from the	Signature of the customer verified and Account Activated				
Customer on	Date :	Signature of Administrator			