



# Vaishya Sahakari Bank Ltd.

## SMS Banking Application Form

To,  
The Branch Manager,  
Vaishya Sahakari Bank Ltd.

Date:- \_\_\_\_\_

\_\_\_\_\_ Branch

I / We request you to kindly grant me /us the **SMS Banking facility**.

The detail of my/ Our Account(s) is/ are under:

(All fields are mandatory)

Customer no. (**For Bank's use**) \_\_\_\_\_

Name of the Customer(s) 1. Mr/Mrs/Miss/M/s. \_\_\_\_\_

2. Mr/Mrs/Miss/M/s. \_\_\_\_\_

3. Mr/Mrs/Miss/M/s. \_\_\_\_\_

Address:- Flat /Room No. \_\_\_\_\_

Name of Society \_\_\_\_\_

Road \_\_\_\_\_

Area/ Suburb \_\_\_\_\_ Landmark \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Email Address:- \_\_\_\_\_

Contact Numbers:- **Mobile No.** \_\_\_\_\_

Office Tel. No. \_\_\_\_\_ Residence Tel No. \_\_\_\_\_

Date of Birth:- DD/MM/YYYY \_\_\_\_\_ Religion \_\_\_\_\_

Qualification:- \_\_\_\_\_ Cast \_\_\_\_\_ Blood Group: \_\_\_\_\_

Job Details:- Name of Company/ Firm : \_\_\_\_\_

Address : \_\_\_\_\_

Designation/ Status:- \_\_\_\_\_ Annual Income : \_\_\_\_\_

(Account detail (Maintained by me /us)

Sr. no.	Branch Name	Account Type & Account no. for e.g. SB,CD,CC,OD etc.	Customer No. (Bank's Use)	Operational Instructions (self/E or S/ Jtly)
1.				
2.				
3.				
4.				
5.				

\*Declaration: I agree and abide by the Terms & Conditions of Banking Services made available by Vaishya Sahakari Bank Ltd. I/We also place on record our consent to the changes made/adopted by the Bank for these services/facilities from time to time at its sole discretion. I/we understand that the Bank may at its absolute discretion discontinue the services/ facilities completely or partially without any notice to me/us. I further authorize Vaishya Sahakari Bank to debit my account(s) towards any charges for extending the above services/ facilities as and when the Bank decides to levy the charges, from prospective date with prior intimation. In case:

1. The Mobile is lost I/We will take the responsibility of informing the Bank in writing about the same.
2. I/We decide not to continue with the facility, the same will be informed to the Bank in writing by me/us.
3. Any change in the above detail(s) / Mobile numbers / will be submitted to the bank in writing by me /us.

**Signature of the Customer**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

-----Branch Recommendations-----

KYC Norms Complied :- Yes /No.

**Signature Verified By:-**

(Name of Verifying Officer):-

KYC norms Complied by the account holder & Recommended for SMS Banking services to the above customer(s). Original application is retained at the branch and the second copy is being sent for enabling SMS Banking facility.

**Branch :**

**Signature of Verifying Official**

**Signature of Branch Manager**

Date:-

----- (Head Office) -----

Form Received On:-

Issueing Authority:-

Officer:-