

APPLICATION FOR INTERNET BANKING (View only)

All fields with * are mandatory Name of the Applicant: Mr./Mrs./Ms. (Surname)* (First Name)* (Middle Name)* Address: ____ Pin Code ____ City*: _____ Email Address*: ___ Phone No. Mobile No*. Date of Birth*: _ _____ PAN No*. . ------ XXXX -------Account Details*: For Office Use only Mode of Sr. **Account Number** Branch No. Operation **Branch Code Customer ID INTERNET BANKING:** I / We want to apply for CITIZENCREDIT Co-op. Bank's Internet Banking. Please link my accounts given above. My Internet Banking User ID is ______, please link my other accounts given above.

Letter of Mandate for Internet Banking (Applicable for Joint Accounts only)

I/We			
	(All account holders other	than the applicant)	
Undersigned, am/are the joint hold	er(s) of Account Number		
along with			
J	(Name of	the applicant)	
I/We authorize			
	`	the applicant)	
to access / view the said account(s I/We affirm, confirm and undertake Internet banking,(View only) service www.citizencreditbank.com, and I /	that I / We have read and unless offered by CITIZENCRED	nderstood the Terms and 0 DIT Co-op. Bank as display	
Yours faithfully,			
Circultura			
Signature :(applicant)	(joint holder)	(joint holder)	(joint holder)
Declaration: I affirm, confirm and undertake that I has service of CITIZENCREDIT Co-op. Bathat I agree on my own behalf, or as the Conditions of opening / applying / avail CITIZENCREDIT Co-op. Bank as may	nk and I am aware of charges e mandate holder on behalf of ling / maintaining / operating (a	applicable as set forth in www. the joint account holders an	w.citizencreditbank.com and d will adhere to all Terms and
I declare that all particulars and inform are true, correct, complete and up-to-da I understand that certain particulars giv and undertake to provide any further in	ate in all respects and I and oth en by me or required by the op	er joint account holders have perational guideline governing	not withheld any information. banking companies. I agree
I agree and understand that CITIZENG reason. I agree and understand that C documents provided therewith and will	CITIZENCREDIT Co-op. Bank		
Date :		Applicants' Signature:	
Place :			
FOR C	OFFICE USE ONLY (To be o	ertified by branch only)	
The details mentioned in the applic account/s is/are verified and found			
Date :	Branch	Signature of the	ne Branch Manager
Place :	Seal	Emp. No:	
		Name &	Designation