

F.V.101, THE VILLUPURAM DISTRICT CENTRAL CO-OPERATIVE BANK LTD.,

Phone :- (04146) 223146, 148; Fax : 04146 – 224801 E-Mail : ccbvpm@rediffmail.com

VPM DCCB mBANK MOBILE BANKING APPLICATION FORM

	Application No:	
	1 2 2	
	(To be filled by Branch & starts with Branch Code)	
CO	DATE: DD/MM/YYYY	
The Branch Manager,		
The Villupuram District Central Coop Bank Ltd.,		
Branch.		

I/We wish to apply for availing the Mobile Banking Service offered by **The Villupuram District Central Cooperative Bank Ltd.,** Herewith, I am furnishing the details of my/our account for which this facility shall be enabled.

	Customer Details		
CIF No.	(If you are not aware of your Customer ID, please enquire from your home branch)		
Customer Name	Mr/Ms/Mrs		
Customer Address			
Mobile Number	+ 9 1		
SMS Alert Request	YES □ (Mandate for usage of VPM DCCB mBANK app)		
Primary Account Number	Account Type Single□/joint□/Either or Survivor□		
Email Address			

Customer Declaration:-

- > I/We have read and agree to abide by the terms and conditions governing Mobile Banking Services which is appended below.
- I am the sole account holder or I have the required mandate for joint account to singly operate the account through Mobile Banking.
- > I am solely responsible for all the transactions happening through my mobile number.
- > I will keep the application User ID/Password and M-Pin any other form of security/ authentication OTP provided by the Bank and maintain the confidentiality and secrecy. I am aware and agree that Mobile Banking are offered based on my primary CIF and all the accounts linked or linked in future with primary CIF, will be available for transactions under Mobile Banking.
- In case of change in mobile number, I will uninstall /remove the mobile banking application installed in my mobile, for maintaining the confidentiality and secrecy.
- > In case of lost/theft of my Mobile / SIM, I will immediately inform the bank to cease/ suspend the mobile application facility.
- I will maintain minimum balance stipulated and agree to pay the charges applicable for this service and hereby authorize VPM DCC Bank Ltd., to debit my account(s) towards any service charges if any, as and when it is applicable.
- I declare that the above details mentioned in the application are true and correct to the best of my knowledge.

Name of the Account Holder	Signature of the Account Holder
Mr/Ms/Mrs	

LETTER OF MANDATE FOR JOINT/E or S ACCOUNTS

below I/We authorize t mentioned account I/We undertake Does or causes to	the account holder Mr/Ms/Mrs nt(s) through Mobile banking services of to ratify and confirm all and whatever to do through Mobile banking services o	er Mr/Ms/Mrs
Name of	the Account Holders	Signature of the Account Holders
Mr/Ms/Mrs		
Mr/Ms/Mrs		
Mr/Ms/Mrs		
Note: VPM DCCB mBAN	NK app will run only in android version	5.0 and above.
We verified and confirm that The Customer deta We have verified th All the accounts of Letter of mandate of Given Mobile num We have enabled th	tils given above are correct and the same has the signature of the Customer as appended all the said Customer have been linked to one for Joint/EorS account operation is obtained ber is not linked to any other CIF for VPM the said Customers CIF Number for Mobile granting Mobile Banking Facility to the said	bove; CIF Number as mentioned above; ed; DCCB mBANK; Banking in CBS; and
Entered by (Maker Sign):	Verified by (Checker Sign):	(Branch Seal with Date)
Maker ID:	Checker ID:	
Date of dispatch of Application	on to Head Office: DD/MM/YYYY	
Note: Please retain the App	lication Form at Branch for Record pu	rpose.
	For Head Office	e use only
Date of application recei		
Activation given by:(ID)		
Checked and Processed	by: (ID)	

(Processed Date with Seal)