The Nawanagar Co-Operative Bank Ltd., Jamnagar.

INTERNET BANKING (VIEW MODE ONLY) Registration Form

To,
The Branch Manager,
The Nawanagar Co-operative Bank Ltd.
..... Branch,
Jamnagar.

Date* D D | M M |Y Y Y Y

FOR INDIVIDUALS

Dear Sir / Madam,

I / We wish to avail the Internet Banking (view only) facility offered by the Bank as per details below:

Customer ID: | | | | | | | | | | |

Account Numbers:

Declaration

I / We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Internet Banking service (view only) of the Nawanagar Co-operative Bank Ltd., and I/We am / are aware of charges applicable for the service, as set forth in www.nawanagarbank.co.in, and that I/we agree on my/our own behalf, or as the mandate holder on behalf of the joint account holders, and will adhere to all the terms/conditions of applying /opening/availing/maintaining / operating (as applicable) for usage of the Internet Banking service (view only) of the Bank as may be in force from time to time. I/We further authorize the Bank to debit my Account(s) towards charges, if any.
I/We agree that the Bank will not be held liable / responsible for any loss or liability occurred on account of breach of security/ denial of service etc., because of hacking/other technological failures / faults.
Once my / our request for internet banking account is accepted and my / our user ID is activated by the Bank, all my linked accounts will be covered under the rules governed under internet banking facility (view only) from time to time.
We have read the terms and conditions available on the website of the bank at www.nawanagarbank.co.in

Please send the User ID and password on my / our Registered Mobile No. | | | | | | | | | | |

Name and signature of account holder(s)

1) _____ _____
Name Signature

2) _____ _____
Name Signature

3) _____ _____
Name Signature

4) _____ _____
Name Signature

For Office Use Only

1) The information furnished by the applicant is verified and found correct.
2) The Account No. and the above signature/s have been verified and found correct.

The request of Customer _____ having ID _____for the above accounts may be enabled and necessary password may be generated and sent to the applicant directly.

Date: _____/_____/_____ Signature of the Branch Manager: _____