

Please fill the application and submit in branch

SHIVALIK MERCANTILE COOP. BANK LTD.

Corporate Office : Hakikat Nagar, Saharanpur

REQUEST FOR ACTIVATION OF INTERNET BANKING

(Registration of mobile no, email id and valid SMCB ATM Card is must to avail this service)

Name of the branch where account is held: _____

CUSTOMER ID _____

Date : _____

FULL NAME : _____ DOB : _____ (DD/MM/YYYY)

RELATIONSHIPS WITH BANK :

No.	Name of other account signatories in SB/CA/OD accounts (if account type is not single)	Account Type (Single/Joint/Sole Proprietorship/partnership)	ACCOUNT NO.(12 Digit)

Note- If the customer id of above accounts have mode of operation Self/Either or Survivor/Proprietorship. You may do the following.

1. All non-financial transactions like statement download, card block etc.
2. You may request for any financial transaction like RTGS/NEFT online in a secured manner, it is only a request which will be treated manually from our backend team and further will have many validation like maker checker and calling to the customer to check his/her authenticity. It is same like you can request through email but it is faster and secure comparatively.

If the customer id of above accounts have mode of operation Joint/Partnership, you cannot request online for any financial transaction but in due course it will be available, currently only view is available.

I request you to activate net banking facility for me so that I may initiate self-registration process. I confirm having read terms and conditions of the Bank for providing Internet Banking facility as published on bank's website and which are subject to changes from time to time.

I submit the following information (this is mandatory) :

Please fill the application and submit in branch

- a) My mobile no. _____ is already registered with you/ Please registers my mobile no. _____ for communicating to me One-Time-Passwords (OTPs) / other alerts. /.
- b) My email id _____ @ _____ is already registered with you/Please register my email id _____ @ _____ for communication with me. /
- c) I confirm that I possess Shivalik Bank ATM-cum-Debit Card No. _____ which is active / Please issue me ATM card in my account No. _____.

Note – Please deactivate DND service if you have activated this, otherwise they may not be able to receive welcome message.

Yours faithfully,

S.N	Full Name	Relationship in account	Specimen Signature
1st applicant			
2 nd applicant (if mode of operation is not single)			
3 rd applicant (if mode of operation is not single)			

For Office Use Only

I hereby confirm that I have checked/updated and verified the following:

- ☐ Date of Birth
- ☐ Mobile No.
- ☐ ATM-cum-Debit Card
- ☐ Signature verification with bank records
- ☐ In CBS title of name does not contain PA / LA Hlr / Guarantor and does not have any extra account as per mentioned above (Corrected by me).
- ☐ I have checked the mode of operation and account type as per declared by customer.
- ☐ I have checked/Updated email id in CBS with customer id.

I recommend initiation of internet banking facility to the applicant.

(Name &Signature of Authorized Officer)
Designation: _____

(Name &Signature of Authorized Officer)
Designation: _____

Please fill the application and submit in branch

Date: _____

Date: _____