

**Janaseva Sahakari Bank Ltd., Hadapsar, Pune**

Head Office : Plot No. 14, Hadapsar Industrial Estate, Hadapsar, Pune 411 013.

Tel. : (020) 26704300-04 (Five Lines) Website : www.ianasevabankpune.net

Application for Internet Banking (View Mode)/ Mobile Banking

(All fields with * are mandatory to be filled.)

Name of the applicant (Individual):

Surname *	First name *	Middle name *

Name of the applicant (Others):

[illegible]

Mailing Address :

Address *: _____

City * : _____ Pin Code* : _____

Email Address * : _____

Phone No. : _____ Mobile No.* : _____

Mothers Maiden Name * : _____

Date of birth * _____ Pan Number _____

(dd)

(mm)

(yy)

Pan Number _____

Adhar Number _____

INSTRUCTIONS

In case of joint accounts, the applicant is required to obtain the attached mandate from the account holder(s).

Account holders can access their bank accounts through Internet Banking only where the mode of operation of bank account is Single / Either or Survivor / Anyone or Survivor.

Please tick from the following options :

I want to apply for Internet Banking and link my account(s), as mention below, to my Login ID

ACCOUNT DETAILS :

I confirm that I am the sole account holder or I have the required mandate from the joint account holder(s) to singly operate the accounts.

Bank A/c No.	Branch	Mode of Operation (tick one)	Service to be Subscribed (strike off the option not to be applied)	Customer ID (For official use only)
			Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/>	Internet / Mobile Banking

I have read and understood the terms and conditions as given on the website www.janasevabankpune.net, relating to internet Banking offered by the Bank. I sign here below as a token of my acceptance of the terms and conditions as displayed on the Banks website and in force & as may be amended from time to time by the Bank.

Date : / / Place _____

Signature

LETTER OF MANDATE FOR INTERNET AND MOBILE BANKING FACILITIES

To,
Branch Manager,
Janaseva Sahakari Bank, Hadapsar, Pune

Date :

_____ Branch

Sir / Madam,

I / We, _____

bearing no _____

(All Account holders other than the first holder)

The undersigned, am / are the joint account holder(s) of Bank _____

(The said account/s) opened / established with The Janaseva Sahakari Bank Ltd., Hadapsar, Pune with

_____ (Name of the first holder) I/We hereby authorise

_____ (Name of the first holder) to view / access the

said account(s) for and on my/our behalf.

I/We affirm, confirm and undertake that I/We have read and understood the Terms and Conditions for usage of the Internet Banking, Service and or Mobile Banking service of Bank, as displayed on the website www.janasevabankpune.net and that I/We agree to abide by them.

I/We hereby state that should I/We wish to revoke the above authorisation, I/We shall duly issue a letter of revocation (the revocation letter) to Bank in this regard. I/We hereby agree that until ten days after receipt of such revocation letter, the authorisation as aforesaid shall hold good.

Yours Faithfully,

Name _____

(Second holder)

Name _____

(Third holder)

Signature _____

(Second holder)

Signature _____

(Third holder)

For Office Use Only

Signature of the above account holder is verified as per our records.

(Name and signature of Branch Official)

With his / her employee code .

Branch Seal / Stamp