

## अंबरनाथ जय-हिंद को-ऑप बँक लि.

आपुलकीने वागणारी माणसं!

Plot No. 42, Lokmanya Tilak Path, Ambarnath (W), Dist. Thane 421501. Tel. No.: - 0251-2681826/3378/3387 Fax No.: - 0251-2684374

	Date:-					
To,						
The Branch Manager,						
Branch						
I/We wish to avail a SMS Bankin	ng facility of the Amb	arnath Ja	-Hind Co-Op. Banl	Ltd. I w	ould like to regis	ter my/our
following Mobile Numbers(s) for S	MS-Banking facility. M	ly/Our Ac	count details are as	follows:-		
Name of Bank Account Account Type &		Number Branch			Mode of Operation	
SB/CA/CC/OD/CCF/TD/LOAN						
Name of the Applicant:-						
Surname	First Name		Middle Name		Mobile Number	
Address of Correspondence :						
Pin :						
E-Mail:Phone No						
Declaration:-						
I/We hereby declare that all infor	mation is true and co	rect. I/W	e had registered m	y/our abo	ve mentioned Mo	bile Phone
Number(s) for SMS Banking Facili	•			-	=	
your Branch, I/We maintain my/or	ur account. I/We have	read acce	epted & abide by th	e terms &	ኔ conditions for SN	MS Banking
Facility.						
The alian Vari						
Thanking You,						
Yours Truly,						
Name(s)		Signatur	e(s)	PAN/TA	N	
4) 14 / 14 / 15 / 16 / 16 / 16 / 16 / 16 / 16 / 16		4)		4)		
1) Mr/Mrs/Ms		1)		1)		
2) Mr/Mrs/Ms		2)		2)		
3) Mr/Mrs/Ms		2)		2)		
3) IVII / IVII 3/ IVIS.	<del></del>	3)		3)	<del></del>	
(Note:- Signature with seal is nece	ssary for Company/Pa	rtnership	& Proprietorship A	<b>′</b> c)		
Bank Use Only:			(0)			5 17
The above information related A				0	) checked as	per Bank's
record and duly verified by me. I h	ereby declare that the	Account	is satisfactory.			
Place:						
Date:						
Name of Officials:					Officer / Super	rvisor