

Mobile Banking Registration: **SINGLE-USER**

Please fill in BLOCK LETTERS and complete all sections.



**Bharat Co-operative
Bank (Mumbai) Ltd**

MULTI STATE SCHEDULED BANK

To, **Bharat Co-operative Bank (Mumbai) Ltd.** _____ **branch** **Date** _____

Dear Sir/Madam,

We request you to provide mobile banking facility for the under mentioned accounts/CIF to the undermentioned **USER** (person authorised by me/us to operate the undermentioned accounts).

NAME & EMAIL ID OF THE USER	MOBILE NO. OF USER

Email ID of the user _____

ACCOUNT(s)/CIF(s) for which Mobile Banking access is to be provided for the above user:

CIF (Customer No.) or Account Number(s)	Name of the Account/Joint Account Holders	USER's Relationship with a/c (SELF, Joint Holder, Guardian, POA, Karta, AUTHORISED SIGNATORY, Proprietor, etc)

Note: All a/c's under the abovementioned CIF(s) will be shown to Mobile banking users unless specifically asked to be not shown.

Primary Account for Credit: _____

(This account will be credited when others transfer money **using your contact number** through Nexa)

I/We have read & understood the Terms and Conditions of Bharat Bank's Mobile Banking Service and accept the same.

Signature of the USER accepting Access to the above accounts

Signatures of all the account holder(s) / authorised signatories

OFFICE USE	All details on this form verified, including signatures	Details Updated & Verified in System
	BRANCH Staff No. Authorized Signatory	E-CHANNEL Staff No. Authorized Signatory