



दि. लातूर अर्बन को-ऑप बँक लि, लातूर

THE LATUR URBAN CO-OP. BANK LTD., LATUR

Head Office : Late Ramgopalji Rathi Business Center, Shivaji Nagar, Latur – 413 531

Phone : 02382-255002, 259503, Fax : 02382-255235, Email : info@laturbank.co.in

NET BANKING REGISTRATION FORM

[Please read the terms & conditions carefully before filling up this form]

The Branch Manager
Latur Urban Co-op Bank Ltd
Branch: _____

I/we wish to subscribe to the Internet Banking facility (View Mode) offered by the Bank for my/our following Account/s for which the mode of operation of the account/s is Single/Either or Survivor/Anyone or Survivor. I/we confirm that for the accounts mentioned below, none of the account holder/s is a minor.

Name of the customer	
Mailing Address	
Date of Birth	
Mobile No.	
E-mail	
Bank Account Number (opened under same customer ID)	

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 of **Latur Urban Co-op Bank Ltd.**, as set forth in <http://www.laturbank.co.in> and that I/we agree to all the terms/conditions of applying/availing/maintaining/operating (as applicable) for usage of Internet Banking service of **Latur Urban Co-op Bank Ltd.** as may be in force from time to time. I/we further authorize **Latur Urban Co-op Bank Ltd.** to debit my/our account/s towards any applicable charges for Internet banking service, payable currently or in future.

Place: _____

Date: _____

(Signature of the customer)

FOR BRANCH USE

It is confirmed that:

- The information provided by the applicant is verified and found correct.
- The Net banking registration process has been completed as per request.
- Net Banking facility is flagged positive in the Account Master for all accounts opted for by the applicant.

Branch Manager / Deputy Branch Manager