

LATUR URBAN CO-OP BANK LTD
INTERNET BANKING REGISTRATION FORM

To
The Branch Manager
The Latur Urban Co-Op Bank Ltd. Latur

_____.

**I wish to register as a user of Internet Banking Service in
Only View mode,**

Cust. Id: - _____

Name of Customer :- _____

Address: _____

Email Id: - _____

Phone No: - _____ **Mobile No:** _____

PAN No: - _____

Date of Birth (DD/MM/YYYY):- _____

Nature of Bank Account: - _____

Account No: - _____

Branch Name: - _____

Mode of Operation: - _____

*** Rights on the Latur Bank Service will be same as that in your account at the
branch.**

- **Terms & Conditions will be applicable.**

Customer's Signature
Date:

Sign Checked by
LUCB officer