



Estd : 1975

THE MALAD SAHAKARI BANK LIMITED

Central Administrative Office

APPLICATION FOR MALAD SAHAKARI BANK MOBILE BANKING

To
The Branch In-charge/Manager
_____ Branch

Date : _____

Dear Sir, Madam

I/we Mr./Mrs./Ms/M/s _____ having Savings / Current account with your Bank, request you to enroll me for Malad Sahakari Bank Mobile Banking Facility for the Accounts and my Mobile Number given below and shall agree and abide by the terms and conditions for mobile banking given herewith.

Customer No.																									
Address																									
Email Id																									

Date of Birth	P	0	M	M	T	Y	0	Y
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SB / CD A/c No.																									
Single / Joint/E or S																									
SB/CD A/c No.																									
Single / Joint/E or S																									

Mobile No.															
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Thanking You,

Yours Faithfully,

1. _____ 2. _____ 3. _____

Signature of Accountholder *

Office Use

Certified that Signature of the Accountholder/s is/are as per Records and KYC for account has been completed and recommended for Mobile Banking Registration.

Officer/Br-Incharge/ Br. Manager
Signature

Mobile Banking Registration Completed on _____ Signature IT Dept.



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Terms and Conditions

- 1) Transactions initiated through Mobile Banking application are irrevocable Bank shall not entertain any request for revocation of transaction or stop payment request for transactions initiated through Mobile Banking.
- 2) Customers shall not use Mobile Banking channel for transfer of funds for illegal activities.
- 3) Customers shall be responsible for the safe custody and security of the Mobile Banking application downloaded on their mobile phones to avoid unauthorized usage and should immediately inform Bank for disabling of Mobile Banking services in case of loss or theft of mobile phone.
- 4) Customers should not share their application passwords and MPINS with any Third party.
- 5) Customers shall abide by the limits imposed by Bank on maximum number of transactions and maximum amount of transactions permitted through Mobile Banking.
- 6) Bank shall not be responsible for any loss to customers arising out of usage of Mobile Banking.
- 7) Bank shall be at liberty to affect any change in Term and Conditions from time to time without any Notice.

ELIGIBILITY

Sr.	Type of A/c	Constitution	Mode of Op.	Who can operate
1	Savings A/c	Single	Single	The Account Holder
2	Savings A/c	Joint	Either or Survivor	Any One of the Accountholder authorized by both accountholders jointly. Application to be signed jointly.
3	Savings A/c	Joint	Jointly	Not Permissible
4	Savings A/c	Joint	Single	Minor above age of 14
5	Current A/C	Proprietor	Single	Accountholder
6	Current A/C	Partnership Firm	Any one partner	Any One of the Partners authorized by all the Partners. The application form for mobile banking shall be signed by all the Partners
7	Current A/C	Partnership Firm	Jointly Operated	NOT Permissible

Declaration: I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Malad Sahakari BANK Mobile Banking services and agree to them. I/We am/are aware that the usage of Malad Sahakari BANK Mobile Banking is governed by the terms and conditions which are displayed on the site maintained by Malad Sahakari BANK and I/we have reviewed the contents of the same. Further, I/we accept the terms and conditions governing Malad Sahakari BANK Mobile Banking applicable for bank accounts as displayed on bank's website. I/We accept and agree that I/we are aware of the contents of the terms and conditions and that all my/our rights and liabilities would be governed by the said terms and conditions by my/our act of accessing on <http://www.maladbank.com>. I/we thereby agree to be subject to and comply with all the provisions of the terms and conditions which are incorporated by reference herein and deemed to be part of this application form to the same extent as if such provisions had been set forth in full herein.

1. _____ 2. _____, 3. _____

Signature of Accountholder *

*in case of Either or Survivor /Joint Account all the Accountholders should sign the Form