

CITY UNION BANK LIMITED

Personal Banking - Internet Banking / Mobile Banking / SMS Pull Registration Form
Individuals / Joint / Sole Proprietorship Account

(All fields marked with * are mandatory to be filled)

To _____ Date: _____
The Branch Manager _____ Customer ID *

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City Union Bank, Branch

Name of the Applicant Mr/ Ms. _____, S/o D/o, W/o _____

Address : _____ New Address _____

PIN: _____ Ph: _____ Ph _____
FAX _____
* E-Mail ID: (Must) _____
Date of Birth: _____

For Mobile/ SMS Banking

Unique Mobile Number to be registered for the above mentioned customer ID

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- I wish to avail the SMS Banking Alert Facility. Kindly alert me if the amount is debited more than Rs

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 from the accounts linked to the above Customer ID. **NOTE: Mobile Banking only for Saving Account Holders**
- I wish to avail Mobile Banking Facility for the above mentioned Customer ID for the above Mobile Number.
Note: To avail Mobile Banking Facility customer should have GPRS/Java enabled mobile phones (Java version MIDP 2.0 and above) using both SMS & GPRS modes.
- I wish to avail SMS Banking Pull Services for the Above Mobile Number
I do not remember the MPIN kindly resend the same for Mobile Banking Application SMS Banking Pull Services

For Net Banking

Please tick one of the following :

- I wish to apply for City Union Bank Internet Banking facility with fund Transfer Without Fund Transfer
I have a Net Banking for the above Customer ID but do not remember the following. Kindly resend me the same.
- Login ID Login Password Transaction Password
- I have an Internet Banking User ID. Pls extend the transaction facility for the above mentioned customer ID.

In Case of joint Accounts the applicant is required to obtain the required mandate from the joint account holder(s)

City Union Bank Ltd., Account holders can access their Bank accounts through City Union Bank Internet Banking (www.onlinecub.net) only where the mode of operation of City Union Bank Account is Single / Either or Survivor / any one of the survivor.

Declaration :

I confirm that I am the sole account holder or I have the required mandate from the joint account holder(s) to singly operate the Account .I will keep the SIM card and my mobile / phone in my possession at all times .I will inform the Bank immediately incase my mobile or SIM card is lost . And I understood that I shall be solely responsible for all the transactions happened through my mobile . I have read and understood the Terms and Conditions (a copy of which I am in possession of) relating to opening of an account and various services including but not limited to (a) MobileBanking/ SMS Alert Service (b) NetBanking (c) BillPay Facility. I accept and agree to be bound by the said Terms and Conditions .

I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of the Internet Banking, service of City Union Bank Limited and I am aware of Charges Applicable for the Service, as set forth in www.onlinecub.net, and that I agree on my own behalf, or as the mandate holder on behalf of the joint account holders, and will adhere to all the terms/conditions of opening/ applying/ availing/ maintaining/ operating (as applicable) for usage of the Internet Banking service of City Union Bank Limited as may be in force from time to time. I further authorize City Union Bank Limited to debit my Account(s) towards any Charges.

I declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I, and other joint accountholders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information that City Union Bank Limited. I agree and understand that City Union Bank Limited reserve the right to reject any application without providing any reason. I agree and understand that City Union Bank Limited reserve the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me.

I agree and understand that I have to complete further applications for specific liability products/services from City Union Bank Limited, as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application (and vice versa), and that unless otherwise disclosed in such further forms as prescribed, the particulars and information set forth herein as well as the documents referred or provided herewith are true, correct, complete and up-to-date in all respects. I agree and understand that such further applications will require incorporation of the application form number, and/or such details as City Union Bank Limited may prescribe, to facilitate data management

I agree that the bank will not be held liable / responsible for any loss or liability occurred on account of breach of security / denial of service etc., because of hacking / other technological failure . Once my request for OnlineCUB account is accepted and my user ID is activated by the bank, all my linked accounts (including any new accounts that may be opened with my customer ID subsequent to the issue of OnlineCUB account User ID and password) will be covered under the rules governed under OnlineCUB account from time to time. I hereby confirm that the above mentioned address matches with the address previously given to the bank. Otherwise I will give change of address request to the branch.

Date: _____

Signature: _____

For office use only

The request of Customer _____ (NAME) for the services requested may be enabled.

CUSTOMER ID (BP ID) IS : _____

- 1) The mode of operations for all his declared accounts have been verified and found Correct.
- 2) Signatures of Joint holders have been verified and found Correct
- 3) The Customer ID and the above signature have been verified and found correct and the accounts linked with the above Customer ID are pertained to this customer only.
- 4) **The above address given by the customer matches with the record.**
- 5) The account is not a minor account.
- 6) For SMS Banking we have enabled the SMS Banking flag in CBS, entered the customer Mobile Number correctly and the alert amount.

Date : _____

Signature of the Branch Manager.

MANDATE FORM FOR JOINT ACCOUNT HOLDERS

Customer ID

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From
Mr./Ms _____

To
City Union Bank Ltd.
_____ Branch.

Dear Sir,

Savings Bank/Current Account/Term Deposit Account No.....held in the joint names of Mr/Ms _____ and Mr/Ms _____ at _____ branch.

I/We hereby authorise Mr/Ms _____ (Name of the applicant for the services) to avail the OnlineCUB / SMS Alert / Mobile Banking Services in respect of the above Customer ID and the accounts linked to the Customer ID . I/We have read and understood the rules, terms and conditions for availing the OnlineCUB / SMS Alert / Mobile Banking Services. I/We undertake to ratify and confirm all and whatever Mr/Ms _____ does or causes to do through OnlineCUB / SMS Alert / Mobile Banking Services. This authority shall continue to be in force until I/any one of us revoke(s) this mandate by a notice in writing delivered to you.

Yours faithfully,

- 1 _____ Name in Block Letters _____
- 2 _____ Name in Block Letters _____
- 3 _____ Name in Block Letters _____

(Signatures of Joint a/c holder/s)