

## APPLICATION FORM for Delivery Channel Services

TO:  
The Branch Manager  
Central Bank of India

For Office use only

|                            |
|----------------------------|
| Application Branch Sl.No.: |
|----------------------------|

Date:

I / we wish to apply as an end user to Internet / Mobile / Tele Banking services offered by you (Strikeout whichever is not applicable).  
The terms and conditions mentioned by the Bank over their official website are acceptable to me/us.

|  | First Name           | Middle Name                   | Surname |
|--|----------------------|-------------------------------|---------|
| Applicant's Name:  |                      |                               |         |
| Address:   |                      |                               |         |
|  |                      |                               | Pin:    |
| Date of Birth : (DD-MM-YY)   |                      | PAN Number*                   |         |
| Telephone (O):   |                      | Mobile No:                    |         |
| (R):   |                      | E-mail ID:                    |         |
|  | Operation Condition* | Own Account / EOS/FOS/HUF     |         |
| EOS- Either or Survivor, FOS-Former or Survivor, HUF- Hindu Undivided Family |                      |                               |         |
| My Account Details:  | Account No           | Specify the mode of Operation |         |
| SAVINGS A/C  |                      |                               |         |
| CURRENT A/C  |                      |                               |         |
| CC/OD  |                      |                               |         |
| TIME DEPOSITS  |                      |                               |         |
| OTHERS   |                      |                               |         |

In case of joint account(s), the delivery channel services shall be provided only to owned and either or survivor type only.

I. INTERNET BANKING FACILITIES REQUIRED: YES / NO (Tick whichever is applicable)

II. MOBILE BANKING FACILITIES REQUIRED: YES / NO (Tick whichever is applicable)

(Bank shall intimate the customer about the new facilities offered through their website).

Mobile Number to which alerts need to be sent: \_\_\_\_\_

E-mail Id to which the alerts need to be sent: \_\_\_\_\_

III. TELE BANKING FACILITIES REQUIRED: YES / NO (Tick whichever is applicable)

**General Conditions:**

1. The Joint Account holder(s) desirous of using the delivery channel services shall submit a separate application form.
2. In case of joint account(s), the delivery channel services shall be provided only to owned and either or survivor type only.
3. Bank reserves the right to offer/discontinue the service(s) selected herein without any further notice.
4. Initially, Bank is providing following services through Internet Banking – Account Statement, Balance Enquiry, Cheque enquiry, Demat enquiry and Fund Transfers.

**Declaration:**

I declare that I have read and understood the document containing the “Terms & Conditions” and “disclaimer” governing Central

Bank of India's Internet & Mobile Banking Services as provided in the Bank's Internet Banking Website – <https://www.centralbank.net.in/> / [www.centralbankofindia.co.in](http://www.centralbankofindia.co.in) and I accept the same. Further, I also agree that the transactions and requests executed in the above mentioned accounts through 'Internet, Mobile and Tele Banking under my User ID and Password will be legally binding on me and I am responsible for maintenance of secrecy and confidentiality of the information passed on to me by the Bank through Internet/Mobile/Email/Telephone. I have the mandate from the other joint holders to view/inquire/operate the joint accounts mentioned above.

Date:

APPLICANT'S SIGNATURE

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Customer ID \_\_\_\_\_

Signatures, account no. and names of the applicant/s verified and found as per Bank's records. Required services are enabled in Bancs-24 & e-Bankworks module. Recommended and Permitted for providing Internet/Mobile/Tele Banking services. Mode of Operation declared herein the application is tallying with the existing records of Bank.

Date:                      Branch Stamp              Signature of Officer (Index No)              Signature of Branch in-charge

*Acknowledgement received from the  
Customer on \_\_\_\_\_*

*Signature of the customer verified and Account  
Activated*

*Date:*

*Signature of Officer*