

RETAIL

Application for Internet Banking, Mobile Banking and Phone Banking

(All fields with * are mandatory to be filled)

r/ Mrs/ M/s					
	((Surname)*	(First Name)*	(Mic	ddle Name)
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in Code* :			P	Place of Birth*	
mail Address	s*:				
hone No :					
Mobile No*:			Mothers Maiden Nam	ne*	
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Single / Joint

10.

(All account holders other than the first holder) undersigned, am/are the joint account holder(s) of Account number along with
Dear sir, I/We
undersigned, am/are the joint account holder(s) of Account number along with (Name of the first holder) I/We hereby authorize
undersigned, am/are the joint account holders other than the first holder) undersigned, am/are the joint account holder(s) of Account number along with
undersigned, am/are the joint account holder(s) of Account number along with (Name of the first holder) I/We hereby authorize
Along with
(Name of the first holder) I/We hereby authorize
(Name of the first holder) to access/view the said account(s) for and on my/our behalf. I/We affirm, confirm and undertake that I/We have read and understood the Terms and Conditions for usage of the Internet banking, Phone Banking and/or Mobile Banking services offered by Bank of Maharashtra as displayed on the websitewww.bankofmaharashtra.in, and I/We agree to abide by them. I/We hereby state that should I/We wish to revoke the above authorization, I/We shall duly issue a letter or revocation to In-Charge, Internet Banking Cell, Bank of Maharashtra in this regard. I/We hereby agree that until ted days after receipt of such revocation letter the authorization as afore stated shall hold good. Yours faithfully, Name:
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Name: Signature:
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Place : (Sole/first holder) FOR OFFICE USE ONLY (To be categorized by branch only
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The details mentioned in the application form including signature of the customer and mode of operation of the account/s is/are verified and found correct. The KYC norms are also adhered to while opening the account. The application is sanctioned and forwarded to Internet Banking Cell, Pune.
Signature of the Branch Manager / Authorised Official
Date: / / Seal Signature Code No:
Place : Name & Designation:
, name at 200, g. a.t.om

Date:

Application Accepted / Rejected / PIN Issued

Authorised Official