THE GANDHIDHAM CO-OPERATIVE BANK LTD
ADIPUR / GANDHIDHAM (KUTCH)

INTERNET BANKING / MOBILE BANKING APPLICATION FORM

To,
The Branch Manager,
The Gandhidham Co-Operative Bank Ltd.,
Adipur / Gandhidham Branch

Date: _____

Dear Sir,
I / we,_____
(Full Name in Block Letters)
having Savings / Current / OD / with your Branch, hereby request you to:

☐ Register	☒ De-register (cancel)	☐ Reset MPIN	☐ Reset Internet Banking Password

☐ Internet Banking Facility (view only)	☐ Mobile Banking facility via '**GCB iConnect App**'
☐ Statement on Email	☐ Monthly ☐ Quarterly ☐ Annually

(Please mark the appropriate box)

for my / our customer ID and following accounts linked with my customer ID:

Name: _____

Customer ID							Accounts											
							1	0	0									
							1	0	0									
							1	0	0									

I /we, agree to receive One Time Password (OTP) and alerts regarding Internet Banking and / or Mobile Banking Facility on my / our mobile number and email id mentioned as under:

Mobile No.: | | | | | | | | | | | Email ID: _____

I / we have read, understood and accept the terms / conditions governing the use of Internet Banking Facility as well as Mobile Banking Facility (via 'GCB iConnect App') and Statement on Email facility as published in detail on the Bank's official website www.gcbl.in under the Services tab. I / we accept and agree to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank at its sole discretion without any notice to me.

I/We am/ are aware that The Gandhidham Co-Operative Bank Ltd does not seek any information relating to Login ID/ password in any form including through e-mails from its customers. I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/ e-mail / phone medium. I/We further agree and confirm that The Gandhidham Co-Operative Bank Ltd shall not be liable for any losses arising from my/our sharing/disclosing of Login ID, password, cards, card numbers or PIN (Personal Identification Number) to anyone, nor shall make claims on the Bank for any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use.

I / we agree that I /we have no objection to the Bank debiting my / our account for the service charges applicable from time to time. I /we understand and agree that once my / our request for Fund Transfer Facility (FTF) is accepted and my / our Login ID is activated by the Bank, all my / our linked accounts (including any new accounts that may be opened with my customer ID subsequent to the issue of The Gandhidham Co-Operative Bank Internet Banking Login ID and Password) will be covered under FTF as per rules in force from time to time.

(Note: The customers who have opted for statement on email facility shall not be issued hard copy of the statement. If hard copy is requested, the same shall be provided at a charge of Rs. 50/- plus GST)

(1) Sign: _____
Name: _____

(2) Sign: _____
Name: _____

(3) Sign: _____
Name: _____

(4) Sign: _____
Name: _____

FOR OFFICE USE

Registration No.: _____ Entry Date: _____

☐ Internet Banking Facility (view only) ☐ Mobile Banking facility via 'GCB iConnect App' is activated for Customer ID _____ of Shri / Smt / M/s _____ _____ for his / her / its primary account No. _____ _____ and the Login ID allotted is _____.

☐ 'Statement on Email' facility is activated for Customer ID No. _____ of Shri / Smt / M/s _____ for his / her / its account No. _____

Entered by: _____ **Authorized by:** _____ **Br. Manager** _____