



**Application for ATM Card and SMS Banking
(For individuals and Joint Account Holders)**

Name of the applicant: Mr./Ms./Mrs.

Surname	First Name	Middle Name

Mailing address:

Address: _____

City: _____ Pin Code: _____

Email Address: _____

Phone No. _____ Mobile No. _____

Mother's Maiden Name: _____

Date of Birth: ____ / ____ / ____
(dd) (mm) (yy)

INTSTRUCTIONS

In case of joint accounts, the applicant is required to obtain the attached mandate from the joint account holders(s).

Account holders can access their bank accounts through ATM Banking only where the model of operation of bank account is **Single/Either or Survivor/ Anyone or Survivor**

Please tick from the following options:

- I want to apply for **Konark Bank ATM Card** and link my accounts(s), as mentioned below.
- I want to apply for **Konark Bank SMS Banking Service** in respect of my account(s), as mentioned below.

ACCOUNT DETAILS:

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 accounts.

Bank A/c No. Loan against Securities A/c No.	Branch	Mode of Operation (tick one)	Service to be Subscribed (strike off the option not to be applied)	Customer ID (For official use only)
		<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor	ATM Card / SMS Banking	
		<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor	ATM Card / SMS Banking	

I have read and understood the terms and conditions, relating to **issue of "ATM Card / SMS Services"** offered by the Bank. I sign here below as a token of my acceptance of the terms and conditions as given by bank and in force and as may be amended from time to time by the Bank.

Date: ____ / ____ / ____

Signature: - _____

Place: _____

Signature of the above account holder is verified and is as per our records

(Name & Signature of the Branch Official)
With his/her employee code.

Branch Seal / Stamp

LETTER OF MANDATE FOR ATM AND SMS BANKING FACILITIES *(Applicable for linking Joint Bank and Joint Loans against Securities Accounts)*

To,
The Konark Urban Co-operative Bank Limited,

Sir / Madam,

I / We, _____
(All Account holders other than the first holder),

the undersigned, am /are the joint account holder(s) of Bank / Loans Against Securities _____ (the "said account/s") opened/established with The Konark Urban Co-operative Bank Ltd (Konark Bank") along with _____ *(name of the first holder)*. I/We hereby authorize _____ *(name of the first holder)* to view / access the account(s) for and on my/our behalf.

I / We affirm, confirm and undertake that I / We have read and understood the Terms & Conditions for usage of the ATM Banking Service and / or SMS Banking service of Bank and that 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 of revocation ("the revocation letter") to Bank in this regard. I /We hereby agree that until ten days after receipt of such revocation letter, the authorization as a foretasted shall hold good.

Yours faithfully,

Name: _____
(Second holder)

Signature: _____
(Third holder)

Name: _____
(Second holder)

Signature: _____
(Third holder)