



ARIHANT BANK

SHRI ARIHANT CO-OP. BANK LTD.

(REGISTRATION FORM FOR EMAIL STATEMENTS (INDIVIDUALS & NON-INDIVIDUALS))

*Customer CIF No.

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*Customer Account No.

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*Full Name.

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*Email Address :

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(For current account holder furnish email of those who are authorized to operate the account)

Date of Birth:

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D D M M Y Y Y Y

Frequency of Statement: Savings/ Current/Over Draft Account

Daily/ Weekly/ Fortnightly/ Monthly/ Quarterly/ Half Yearly/ Yearly

I hereby request you to send the statement of my above mentioned account through e-mail to the above mail ID/s .

***Terms & Conditions:** I/We agree to discontinue the physical statements being sent to me/us. I/We understand that the email statements provided is an optional facility provided to the account holders and not a compulsion by the bank for availing such facility. Arihant Bank shall not be liable or responsible for any breach of secrecy because the statements are being sent to the above email id. I/We shall verify the authenticity of the emails I/we receive. I/We shall not hold the bank responsible for any statement received from frauds/imposters. I/We shall not hold the bank liable if any problem arises with my/our computer/network because of me/us receiving statements from bank. I/We are authorized by the other holders to receive the statements in the above email address. I/We shall inform the bank in writing if there is any change in the information given above. The bank shall not be responsible if I/we do not receive statements due to incorrect email address and technical reasons. I/We confirm to have read and understood the terms and conditions pertaining to my account. The Bank shall at its own discretion at any time may discontinue/alter/modify the facility at the terms and conditions as specified therein at the sole discretion of the bank.

Date:..... Signature/s of the account holder/s.....

(For Branch/Office use only)

Date of registration: _____ Signature of official: _____

Branch: _____ Name: _____

Date _____ Employee Code: _____