



SHRI ARIHANT CO-OP. BANK LTD.

Corporate office: GB 10A & B, Karma Stambh, L.B.S. Marg, Vikhroli (W), Mumbai - 400083
Tel.: 2579 9326 / 96194 86622 • E-mail: acblho@arihantbank.com • Website: www.arihantbank.com

APPLICATION FOR INTERNET VIEWING

(All fields with * are mandatory to be filled)

Name of the applicant (Individuals): Mr./Ms./Mrs.

First Name

Middle Name

Surname

Name of the Firm: (To be filled incase of Institutions)

Nature of the Firm: Proprietary Concern / Partnership Firm / Company / Society / Trust / Association of Person

Address* : _____

City* : _____ Pincode* : _____ Phone No.* : _____

Email Address* : _____

Mobile No.* : _____ DOB / Date of Incorporation* : ____/____/____ (DD/MM/YYYY)

Bank Account No.	Branch Name	Mode of Operation	Customer ID

	Customer Name	Signature	Designation
1.			
2.			
3.			
4.			
5.			
6.			

*Please Read Instructions for signature(s) and Sign Declaration given overleaf

Instructions for Signature(s)

- For Individual Accounts having mode of operation of bank account is Single / Either or Survivor / Anyone or Survivor: Signature of First Holder mandatory. (Internet viewing facility not available for Accounts having operating instruction as jointly).
- For Sole Proprietary Concern: Signature of Proprietor is mandatory.
- For Partnership Firms: Signature of all Partners are mandatory.
- For Company / Society / Trust / Association of Person: Signature of all authorized signatory is mandatory.

Declaration: I/We want to apply for Shri Arihant Co-operative Bank Internet Viewing and link my Customer ID to User ID. I/We sign here below as a token of my/our acceptance of the terms and conditions as displayed on <https://www.lbanking.arihantbank.com> and in force & as may be amended from time to time by the Bank. I/We understand that the Bank may, at its absolute discretion, discontinue the Internet viewing service completely or partially without any notice to me/us. I/We agree that the Bank may debit the said account for service charges as applicable from time to time. **The above mentioned Email-ID and Mobile No. will be registered for sending OTP (one time password) and alerts.**

Signature of Customer
(along with Rubber Stamp): _____ Date: ____/____/____ Place: _____

For Office Use only

Application Entered by: _____ Date of Entry: ____/____/____

Application Authenticated by: _____ Initial: _____