



The Valsad District Central Co-Operative Bank Ltd.

APPLICATION FORM FOR VDC BANK INTERNET BANKING PASSWORD & FUNDS TRANSFER FACILITY (FTF)

I/WE REQUEST YOU TO ISSUE ME/US A USER ID AND PASSWORD FOR INTERNET BANKING FACILITY

Name of the Bank / Entity : _____

CIF No.:

Reg. Mobile No.

Email ID:

VDC Bank Internet Baking Facility (Module Access Requirement)	
View and Finds Transfer ☐ Single User ☐ Multiple User (Maker-checker)	View Only (Non-Financial) ☐ Single User ☐ Multiple User (Maker-checker)

Please Note:

- Email Id & Mobile No. provided in this form will be used for sending communication related to password, one time password (OTP), alerts.
- In account summary section, user will have access to account balances, statement of all accounts linked to CIF.
- *Please fill Annexure for setting up of users to certain access level. Ensure all details are properly filled.

Eligibility (Documents Required):

- Copy of Resolution of Board of Directors for getting Internet Banking Facility with having names of authorized Persons Names & Designations
- Request letter by Corporate Client on their letter head, requesting for Corporate Internet facility requirement and list of authorized persons.

Declaration:

I/we affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Internet Banking service of The Valsad District Central Co-Op. Bank Ltd. (VDC Bank) as set forth in www.vdcbank.in and that I/we agree on my own behalf and will adhere to all the terms/conditions of opening/applying/availing/maintaining/operating for usage of the Internet Banking service of The Valsad District Central Co-Op. Bank Ltd. as may be in force from time to time. I/we declare that I/we have read and fully understood the terms and conditions governing Internet Banking facility and unconditionally accept the same, when this facility is granted to me/us. I/we hereby instruct and authorize the Bank to mail/sms my Internet Banking User Ids/Passwords related to my access as per the Bank's records. I/we confirm and agree that the Bank shall not be held responsible in any way for any losses that may be suffered by me as a result of such non-receipt of Password. I/we declare that all the particulars and information given in this application form are true, correct, complete and up-to-date in all respects and I have not withheld any information. I/We further agree and confirm that The Valsad District Central Co-Op. Bank Ltd. shall not be liable for any losses arising from my/our sharing/disclosing of Login ID, Login and Transaction passwords, 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 further agree and confirm that The Valsad District Central Co-Op. Bank Ltd. shall not be liable for my/our any transaction made through Internet Banking facility.

Authorized Signature

Name: _____

Designation : _____

Date: ____/____/_____(dd/mm/yy)

Authorized Signature

Name: _____

Designation : _____

Date: ____/____/_____(dd/mm/yy)



Acknowledgment Internet Banking Password & FTF Form

Date:.....

We acknowledge receipt of internet Banking Password & Fund Transfer Facility (FTF) form

Name: _____

Yours faithfully,

CIF No.:

Signature of bank official with seal

CORPORATE NET BANKING APPLICATION FORM (ANNEXURE)

Please fill Annexure for restricting users to certain access level.
Authorised Persons Details CORPORATE NET BANKING FACILITY

User Name(Full Name)	EmailId	Mobile No.	Account Numbers	Access Level
				☐ Maker ☐ Checker ☐ Dual: Maker & Checker ☐ View Access Only
				☐ Maker ☐ Checker ☐ Dual: Maker & Checker ☐ View Access Only
				☐ Maker ☐ Checker ☐ Dual: Maker & Checker ☐ View Access Only
				☐ Maker ☐ Checker ☐ Dual: Maker & Checker ☐ View Access Only
				☐ Maker ☐ Checker ☐ Dual: Maker & Checker ☐ View Access Only
				☐ Maker ☐ Checker ☐ Dual: Maker & Checker ☐ View Access Only

(Applicant Signature)

For Branch Office Use only

Certified that this request is complete in all respect & all relevant documents are obtained & verified mode of operation and signature of the Account. This request has been personally submitted by the customer. I have satisfied myself about the identity of the customer by verifying his/her KYC documents & also his/her signature in Bank's record and done proper due diligence. The request may please be processed and request to activate the User ID.

Officer / Assistant Manager _____

Emp. Code: _____

Date: _____ Branch: _____

Branch Manager/In-Charge _____

Emp. Code: _____