



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: _____
First Name Middle Name Last Name

A/c No.: _____

Reg. Mobile No.: _____

Email ID: _____

VDC Bank Internet Banking Facility

☐ View Only

☐ View and Funds Transfer

VDC Bank account holders can access their bank accounts through Internet Banking only where the mode of operation of the Bank account is self / either or survivor/anyone or survivor.

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. I/we hereby instruct and authorize the Bank to mail/courier my Internet Banking Passwords related to my access to my address as per the Bank's records or hand deliver at branch. 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. We further agree and confirm that The Gujarat State Co-Op. 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. We shall take all precautions to protect my/our account details so as to avoid any unauthorized use.

I/We do hereby indemnify and forever keep indemnified the Bank and its successors and assigns, from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the terms and conditions mentioned therein.

(Applicant Signature)

Undertaking By Joint Account Holders

I/We, the undersigned joint a/c holders hereby give our express consent and authorize The Gujarat State Co-Op. Bank Ltd. to grant Internet Banking facility to the above-referred applicant Mr./Ms./Mrs. _____

and we shall be bound jointly and severally on all the transactions made and/or arising from the use of Internet Banking facility by him/her. I/We understand that all correspondence in the a/c will be addressed to the first named account holder only.

I/We affirm, confirm and undertake that 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. as set forth in www.vdcbank.in, and that we will adhere to all the terms/conditions of opening/applying/availing/maintaining/operating for usage of the Internet Banking service of The Gujarat State Co-Op. Bank Ltd. as may be in force from time to time.

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

Place : _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

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

Branch Manager/In-Charge

Date:

Branch:

Emp. Code:



The Valsad District Central Co-Operative Bank Ltd.

We acknowledge receipt of Internet Banking Password & Funds Transfer Facility (FTF) form

Name : _____

Yours faithfully,

A/c. No.: _____

Signature of bank official with seal