

**Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd.**
(Multi-State Scheduled Bank)**SMS BANKING APPLICATION FORM**

1. Name of the Customer : _____
2. Address : _____

3. Branch : _____
4. Primary Account Number : _____
(Only SB & CD accounts)
5. Mobile Number : _____
6. Birth Date : / /
7. E-mail Address : _____

Under SMS Banking following facilities are offered to the Customers.

- Latest Balance in the Account
- Details of the last 3 transaction of the Account
- Cheque Return Alert
- Transaction Alert

Declaration :

I hereby agree to subscribe to Banks SMS Banking services. I also agree to pay the service charges for use of SMS Banking facility as decided by Bank from time to time. I have no objection to Bank sending promotional, greeting messages and also for sending me alerts other than those opted / listed above. I also understand that SMS Banking is an additional service by Bank but I continue to remain liable for maintaining minimum required balances as well as for fair conduct of my accounts. If mobile number is change, I will provide new mobile number to you. Responsibility of new mobile number providing is mine. In this case, I have no objection if message are going to my provided number up to giving new mobile number to you.

In case of joint or company or partnership firm or any institute, message to be sent to below mobile number.

Sr. No.	Name	Mobile Number

Customer Signature

Branch Manager Signature

Place : _____

Place : _____

Date : / /

Date : / /

DATA CENTER USE ONLY

Customer No.

Form Received Date : / /

Form Registered on : / /

Officer's Signature