

PATAN CO-OPERATIVE BANK LIMITED
ONLINE REGISTRATION FORM

To,

The Branch Manager,
Patan Co-operative Bank Ltd.
Branch _____

I wish to register as a user of 'Internet Banking Service - Viewing'.

Name of Customer (as mentioned in the account) (25 Characters)

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Mobile No :

+91										
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Email : _____

Date of Birth : DD MM YY

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My Account Numbers	Single / Joint Accounts

I have read the provision contained in the " Terms of Service (Terms & Conditions) document " of " Online Patan Bank" and accept them. I agree that the transactions executed over the same under my Username and Password will be binding on me.

Customer's Signature : _____ Date: _____