



# Colour Merchants' Co-op. Bank Ltd.

Head Office : Astodia Road, Ahmedabad-380 001.

Phone No. : 22144708-80, Fax No. : 22111311

**Please Tick the option given below.**

SMS FACILITY

NET BANKING VIEWING

## NET BANKING VIEWING ACCOUNT'S FACILITY FORM

BRANCH : \_\_\_\_\_

I/We wish to register myself/ourselves as a user of your Internal Banking Service - "www.cmcbank.co.in" for my/our following account (S).

Customer No. \_\_\_\_\_

If already registered and to add another A/c. give Login ID. : \_\_\_\_\_

Please mention 15 digits A/c. No. mentioned in your Pass Book / Statement of Account

Name of Account	Account Type	Account Number

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_ (Mandatory for SMS Facility)

Email Id: \_\_\_\_\_  
(Mandatory for Viewing Account's Facility)

I/We confirm having read and understood the document containing the "Terms of Services" governing the Bank's Internet Banking and I/We accept the same. I/We further agree that the transactions executed over "www.cmcbank.co.in" in above - mentioned accounts under my/our user name and password will be legally binding on me/us.

Date :

Please debit the applicable charges to my Account Type \_\_\_\_\_ A/c. No. \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

For Office use only :

Relevant Charges

Debit Rs. \_\_\_\_\_

Remarked if any :

Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Official