जोगिन्द्रा केन्द्रीय सहकाशी केंक मर्यादित मुक्य कार्यालयः राजगढ़ रोड़, सोलन, हि.प्र. –173212

**ढूनभाष:** 01792-220305, 225690 फेक्स: 01792-222715

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<u>Estd: 1924</u>	
APPLICATION FOR AVAILING MOBILE BANKING FACILITY	
То	
The Branch Manager Jogindra Central Cooperative Bank Ltd. Branch Office: District Solan (H.P)	
Subject: Request for availing Mobile banking facility.	
Sir,	
I am maintaining my Saving Bank account with your branch. I wish to avail Mobile banking facility for my Bank account. Kindly consider my request for the purpose as defined above. My details are as under:	
Name (As per bank record)	
SB Account Number	
Registered Mobile Number	
Valid Email ID	
Date of Birth	
THERERBY DECLARE TO ABIDE BY ALL THE RULES AND REGULATIONS OF JOGINDRA CENTRAL COOPERATIVE BANK LIMITED AS PER THE LATEST INSTRUCTIONS.	
Customer Signature	
1.	
2.	Sign. Verified & allowed

**Branch Manager**