

E-Services Form										
Da	ate: D D M M Y Y Y Y	LG Code			LC Code					
Please fill the form in BLOCK LETTERS only - All fields are Mandatory										
Last Name First Name Middle Name										
A)	Individuals :									
	Proprietorship/Firm/Corporate :									
	Account Type : Saving (Gen) Saving (NRE/NRO) Current	Over Draft	Cash Credit	Term Loan					
	Primary Account No. :		Branch :							
	Please note that the Primary A/c No. mentioned above will be registered as the default Primary A/c. No. for the E-Service/s (Net Banking / Phone Banking / SMS Banking / E-mail Statement) applied by you as per this application form. Please note phone banking & SMS banking will not be available for Savings (NRE/NRO)									
	Mobile No.: Mo	obile No. & E-mail Id/s me	entioned by you will b	e used as Registered Contact	details by the Bank.					
	Email Id :									
In case of multiple E-mail ids, Please ADD ";" between each E-MAIL IDS.										
B)	Place of Birth :	Mother's Maid	en Name :							
C)	MAILING ADDRESS Company Name / Flat no. & Bldg. Name : Road Name :									
	Land Mark / Area :									
	City :		Pin Code / Zip	Code :						
	State :		Country :							
	Note: In case mailing address is an Overseas address cou	ırier charges will b	e applicable							
D)	NET BANKING - Banc@Ease									
,	I / We want to Apply for Net Banking only with the following services : Balance Enquiry Statement Enquiry Fund Transfer within linked account (Not valid for NRE / NRO) Bill Payment Stop Payment Cheque Book Issue Draft Issue TPFT within SVC Bank A/c. TPFT to other Bank A/c (NEFT)									
	I / We have Lost / Forgotten / Compromised my Password/s and want to apply for Regeneration of the following :									
	Login Password AND / OR Transaction Password									
	I would want to receive OTP (One Time Password) to my registered e-mail Id as mentioned hereinabove. Terms & conditions apply. I / We want to collect Net Banking Pin Mailer/s from my / our base branch (Primary A/c Branch). I / We want to Link Additional Account/s as mentioned in the table of "Link Accounts":									
E)	PHONE BANKING - Banc@Call (This facility is not	t available for Sa	vings (NRF/NI	RO)						
-,	 PHONE BANKING - Banc@Call (This facility is not available for Savings (NRE/NRO) I / We want to Apply for SVC Bank Phone Banking. I / We undertake to have the TPIN number personally collected from the Branch. I / We have register for Phone Banking, but have Forgotten/Lost the T-Pin. Please provide my / our T-Pin. 									
	 I / We want to Reset my Phone Banking Password. I / We request you to link Additional account/s ment T-Pin number. 	tioned in the table	of "Link Accou	nts" to my/our already	Registered					
F)	SMS BANKING - Banc@Cell (This facility is not ava	ailable for Saving	s (NRE/NRO)							
	I / We wish to Apply for SVC SMS Banking Service.		,							
	I / We have already registered for SMS Banking facilit and request you to link Additional account/s mention I / We request you to update the New Mobile numb	ned in the table of	f "Link Accounts		tration.					

G)	E-MAIL STATEMENT I/ We want to Register for E-mail Statement for my account/s for the frequency selected below.								
	Daily Weekly			Interly	Half Yearly	Yearly			
	Email ID mentioned in contact details will be registered for E-mail statements. I/ We want to Register New E-mail Id for my Account/s already registered for the E-mail Statement Service.								
	Email Id :								
		red for E-mail Statement Service tioned in the table of "Link Acco			d request you to	link			
H)									
)	No. A/c Type Scheme		Number Details Number						
		Arc type Scheme Account i							
	2 nd								
	3 rd								
	4 th								
	5 th								
	6 th								
I)	DECLARATION I/We affirm, confirm and undertake that I/we	e have read and understood the Terms and con	ditions for the usage of the SVC I	Bank E-banking Retai	I Services and agree to th	em. I/We am are			
	reviewed the content of the same. I hereby o	s governed by the terms and conditions which a declare that One Time Password (OTP) be sen mise of my email credential. Further, I/we sign he	d to my registered email ld menti	oned hereinabove. I/	We Indemnify the Bank a	gainst any losses,			
	Retail services as displayed on bank's website	and in force & as may be amended from time to	time by the Bank.						
		ignature/s of Applicant/s (Please			e)				
	1)	2)	3)	4)					
	Name	Name	Name		Name				
	First Holder / Signatory	Second Holder / Signatory	Third Holder / Sig	natory F	ourth Holder / S	gnatory			
J)	FOR BANK USE ONLY								
Sourcing Branch : We confirm that									
 The Customer details given above are recorded in "Infoservice module" & "CBS" also; We have verified the Mode of Operation of the Primary/Linked Account/s;Account Number/s; registered Address 									
	 A/c; We have verified the Signature/s of the Customer/s as appended above; The request/s mentioned above has been duly updated/modified in the "Infoservice module" 								
	4. The request/s mentioned a	···· / · / · · · · · ·							
	Signature & R.P./P.A. Stamp of	official who Signature & R.P./P.A				at CPU			
		official who Signature & R.P./P.A	A. Stamp of official who e Customer request:		by e & P.A No.	at CPU			
	Signature & R.P./P.A. Stamp of has Initiated the Customer re	official who Signature & R.P./P./ quest : has Authorized the	e Customer request:			at CPU			
	Signature & R.P./P.A. Stamp of	official who Signature & R.P./P./ equest : has Authorized the ial who Signature & R.P./P.A.							
	Signature & R.P./P.A. Stamp of has Initiated the Customer re Signature & R.P./P.A. Stamp of offic	official who Signature & R.P./P./ equest : has Authorized the ial who Signature & R.P./P.A.	e Customer request:		e & P.A No.				
	Signature & R.P./P.A. Stamp of has Initiated the Customer re Signature & R.P./P.A. Stamp of offic	official who equest : has Authorized the ial who lest : Signature & R.P/P.A. Authorized the	e Customer request:	Signatur	e & P.A No.	p.			