

"Madhukung", Plot No. P-52, MIDC Phase II, Kalyan Shil Road, Sonarpada, Dombivli (E) 421 204

APPLICATION FOR INTERNET BANKING

nents provided there, of							
The Branch Manager Bra	nch	cluding photographs, and will not return the sare be submitted in the case of parimership firms the case of faulted Companies on the feltering					
/ We wish to register as Name of the Applicant : (a user of 'DNS	Bank's Intern			po pomist se sese bo		
SURNAME		FIRST NAME		MIDDLE NAME			
Name / Title of the Comp	any / Partnership	/ Sole Propri	etorship : (For Co	mpany Partnership / P	roprietorship only)		
Mailing Address :	cousers and a reuned by the	suffered or k	o de major de la comita del comita de la comita del la	ly and foreits hough in tions, penaltics that reTerms and Condition	No de local produce ny and all claims, ac ompliance of any of th		
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Date Of Birth (DD/ MM/ YYYY)			A LONG TREASE OF LEVEL OF LIGHTED BOUNDARY OF SERVICE TO A CO.				
Accounts to be linked to					Brench Name		
Nature of Bank Account	Account Number	Branch	Mode of operation (tick one)	Name of Joint a/c holders	Customer ID (For official use only		
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			Single / Joint				

Declaration: [for both Retail & Corporate]

I/We affiram, confirm and undertake that I/We have read, understood and I/We agree to abide by the provisions contained in the Terms & Conditions, Privacy Policy and Disclaimer displayed on Bank's website: htttps://www.dnsb.in for usage of DNS Bank's Internet Banking and accept them. I/We agree that the transactions executed over DNS Bank's Internet Banking under my/ our Username and Password will be binding on me/us. I/We declare that all the paritculars and information given in this application form are true, correct, and complete and upto date in all respects.

I/We agree and understand that Dombivli Nagari Sahakari Bank Ltd. reserves the right to reject to my/our application without assigning any reason. The Bank reserves the right to retain the application forms, the documents provided therewith including photographs, and will not return the same to me/us. Necessary resolution /Authorization Is enclosed. [Declaration to be submitted in the case of partnership firms on the requisite stamp paper and copy of resolution is to be submitted in the case of limited Companies on the letter head duly signed by the authorized Official of the company along-with seal]

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	Manda	te / Indemnity :		Name of the Applicant: (I		
opened with The Doml the first holder). I/We h the said account(s)for I/We do hereby indemn any and all claims, ac	, am/are the joint account holde bivli Nagari Sahakari Bank Ltd. a pereby authorizeand on my/our behalf. hify and forever keep indemnified tions, penalties that may be made the standard of loter	I the Bank and its s	to view / acce	(name of ess (name of first holder assigns from and agains		
. Signature o	of Customer/joint a/c.holder	1) 2)				
	yes	3)				
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For CPC Use	User ID created on	Ву	Sig	Signature		
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