



# The Chandigarh State Cooperative Bank Ltd.,

H.O. SCO No. 1088-89, Sector 22-B, Chandigarh Phone: 0172-5025328, Fax: 2720264

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## Application for service of SMS Alert

To,

Dated:.....

The Branch Manager  
The Chandigarh State Cooperative Bank Ltd.,  
Branch Office: \_\_\_\_\_

Sir/Madam,

I wish to subscribe for the **SMS Alert Service** provided by the Chandigarh State Cooperative Bank Ltd., Chandigarh. The account details are as follows: -

1.	Name of the Account Holder													
2.	Account No.													
3.	Type of Account													
4.	Mobile Number													
5.	Alert Requirement	Push Services				Pull Services				Both				
6.	E-mail ID													

### **Declaration:**

- i. I agree and abide by the terms and conditions of Banking Services made available by the Chandigarh State Cooperative Bank Ltd., Chandigarh.
- ii. I/We also place on record our consent to the changes made/adopted by the Bank for these services / facilities from time to time at its sole discretion.
- iii. I/We understand that the Bank may at its absolute discretion discontinue the services/facilities completely or partially without any notice to me/us.
- iv. I further authorize the Chandigarh State Cooperative Bank Ltd., Chandigarh to debit my account(s) towards any charges for extending the above services/facilities as and when the Bank decided to levy the charges, from prospective date with prior intimation. In case:
  - a. The mobile is lost, I/We will take the responsibility of informing the Bank in writing about the same.
  - b. I/We decide not to continue with the facility, the same will be informed to the Bank in writing by me/us
  - c. Any change in the above details(s)/Mobile numbers etc. will be submitted to the Bank in writing by me/us

### **Signature of the customer**

**Disclaimer:** The Chandigarh State Cooperative Bank Ltd., Chandigarh does not own any responsibility for non-delivery of SMS Alerts, message on account of Network congestion/availing DND Service/Ban by State Government/Feeding of wrong mobile number/system failure

### **For Branch Use:**

Certified that the above details are updated in FINACLE system provided for Registration of the facilities.

Entered By \_\_\_\_\_

Authorised by \_\_\_\_\_

**Date:**