



Associate Co. Op. Bank Ltd.

1st Floor, Surat Vankar Sangh Building, Opp. Reshamwala Market,
Ring Road, Surat. Ph. 2341534-35-36 Fax:(0261) 2342139
Email :-associatebank_surat@yahoo.co.in



Regd. No. SA 3219 Dt. 01-06-1999
RBI Licence No. UBD Guj. 0011P Dt. 26-11-1999

IMPS APPLICATION FORM										MMID		8	4	5	0		
New Application			Modification			Date :		D	D	M	M	Y	Y	Y	Y		
Branch Code			Account No.			Branch Name											
						Customer ID											
4	4	9															
Account Name																	
Registered Mobile No.								E-mail ID									

Please fill only in Capital Letter

MODIFICATION (if applicable)

*Limit upto Rs. _____

I want to Change My Mobile Number <input type="checkbox"/>								I want to Deactivate My IMPS <input type="checkbox"/>							
								My MMID is							
								8	4	5	0				
* New Mobile Number								Reason							

	No.	Name	Signature
Account Holder Specimen Signature	1		
	2		
	3		

Declaration :

I/we hereby declare that the above information provided by me/us is true to the best of my/our knowledge and belief. I/we the customer of the bank have read and understood the terms & conditions relating to the immediate Mobile Payment Services (IMPS) launched by the bank in association with national payment Corporation of India (NPCI) as displayed in the website www.associatebank.in & IMPS App. Account holder shall solely responsible for wrong credit due to wrong information provided by the Account Holder. I/we accept and agree to be bound by the said Terms & conditions. I/we hereby authorize you to debit my/our account given above, towards any amount/charges due to the bank/service provider. I/we understand that the bank may, at its absolute discretion, discontinue/modify any of the service completely or partially without any notice to me/us.

For Bank Use :

I hereby confirm that, I met the customer(s) and he/she/they signed before me. All required documents are verified and found correct. KYC details and documents are verified and found correct. Recommended to avail mobile banking services with us.

Branch Name : _____ Signature Verified By : _____

Date : ___ / ___ / ___



* Compulsory Field -

Note :

MMID will be send to Registered Mobile Number after Three working days.