

APPLICATION FORM FOR MOBILE BANKING FACILITY**TO:**

*The Chief Manager
Canara Bank Tanzania LTD*

I wish to apply for Mobile Banking facility

Applicant's Name	
Mobile Number	
Primary A/c Number	
Secondary A/c No-1	
Secondary A/c No-2	

Email ID _____**Existing Mobile Customer (please tick) (If Mobile Number or Handset are changed)****General Conditions:**

1. The account number and customer details should be as in Bank records.
2. Transaction rights are strictly as per mode of operation registered in Bank records.
3. Mobile Facility is provided to individual self-accounts only.
4. If the customer changes their Mobile Number, he/she has to register afresh using this application form.

Declaration:

I agree that the transactions and requests executed in the above mentioned accounts through Mobile Banking under my User ID and MPIN will be legally binding on me and I am responsible for maintenance of secrecy and confidentiality of the information passed on to me by the Bank through Mobile phone/email. I confirm that, I am the owner of the above Mobile Number. I also note that applicable SMS Charges by Telecom Service provider will be borne by me.

*Date:**Place:*

*APPLICANT'S SIGNATURE***FOR OFFICE USE ONLY**

Signature, Account no. and Name of the applicant verified and found correct as per Bank's records.
Recommended and Permitted for providing Mobile Facility

*Date:**Branch Stamp:**Signature of Teller:**Signature of Supervisor/Branch in-charge:*