

_Branch

To,

The Branch Manager,

Registration form for SMS Alert Facilty

Customer Name: (use block letters)							Prefix/ Salutation[] Mr. [] Mrs. [] Ms. [] Dr.																
Account Number: (full 16 digit prefixed with zero)							Customer ID: (to be filled by the branch)																
Address																							
City.:																							
State.:																Pir	1:	1					
PAN No.: Mobile Number : *																							
Telephone Number with STD Code:																							
E.mail	l:																						
I wish to register for the following SMS Alerts Facilities provided by LAKSHMI VILAS BANK																							
PUSH SERVICES																							
Please tick the relevant																							
1. [] Balance Alerts																							
2. [] Debit Transactions above Rs. 5,000.00																							
3. [] Credit Transactions above Rs. 5,000.00																							
4. [] Overline/TOD Alert																							
I agree to the following terms and conditions;																							
 Registration Fee of Rs.100/- may be deducted from my respective account for each registration. Service charges of Rs. 25/- may be deducted <u>every quarter</u> from my account. Service charges of Rs. 50/- may be deducted from my account for each change in mobile number for SMS alerts. 																							
4. All the above conditions are subjected to review from time to time at the sole discretion of the Bank.																							
Date (DDMN	МΥ	ΥΥ	Y):	_							-								Cus	stom	er Siş	gnature

For Branch Use:	For Centralised Processing Cell use:						
It is confirmed that: Information provided by the applicant is verified and found correct with records available in CBS Signature of the applicant is verified The customer ID has been intimated to the applicant	Application received on: SMS request processed on: Remarks						
Manager Date:	Manager Date:						