

APPLICATION FOR CHANNEL FACILITIES/ CHANGE IN COMMUNICATION ADDRESS

Application No.

Bar Code

Sol ID

Branch

PERSONAL DETAILS OF APPLICANT

Name

Date of Birth/Incorporation DDMMYYYY Mother's Maiden Name

Email

PAN Card No Passport No Voter,s ID

Country Code Number Landline Country Code STD Code Number

Telephone : Mobile

Address for communication

ACCOUNT DETAILS OF APPLICANT

CUST ID Account No

REQUEST TYPE

ATM cum Debit Card Fednet Mobile Alert Email Alert

Mobile Banking Telebanking Fed e-Pay Comm. Address Change

For ATM Card

Type of Request : Primary Add On

Type of Card : Master Classic Secure Fed Select

VISA Shop n' Save Gold Platinum

Proprietary FedCard Haritha

Name to appear on Card :

Additional Accounts to be Linked : 1. 2.

For linking of additional Accounts, Card Number to be linked to :

For FEDNET

Category Preference : FedSilverNet FedGoldNet FedPlatinumNet

USER ID Choice (In order of preference), Minimum 3 characters & Maximum 15 characters

1. 2.

3.

Fednet Password to be sent to : Communication Address Branch

For Mobile Banking / Mobile Alert / Email Alert

Other Accounts be Registered : (In same Cust ID as that of Applicant mentioned above).

1. Account No. <input type="text"/>	Mobile Banking <input type="checkbox"/>	IMPS <input type="checkbox"/>	Mobile Alert <input type="checkbox"/>	Email Alert <input type="checkbox"/>
2. Account No. <input type="text"/>	Mobile Banking <input type="checkbox"/>	IMPS <input type="checkbox"/>	Mobile Alert <input type="checkbox"/>	Email Alert <input type="checkbox"/>
3. Account No. <input type="text"/>	Mobile Banking <input type="checkbox"/>	IMPS <input type="checkbox"/>	Mobile Alert <input type="checkbox"/>	Email Alert <input type="checkbox"/>
4. Account No. <input type="text"/>	Mobile Banking <input type="checkbox"/>	IMPS <input type="checkbox"/>	Mobile Alert <input type="checkbox"/>	Email Alert <input type="checkbox"/>
5. Account No. <input type="text"/>	Mobile Banking <input type="checkbox"/>	IMPS <input type="checkbox"/>	Mobile Alert <input type="checkbox"/>	Email Alert <input type="checkbox"/>

Mobile Banking Password to be sent to : Communication Address Branch

For Mobile Alert

Type of Alerts : Deposit Amount greater than (min 2000) Withdrawal Amount greater than (min 2000) Account Balance exceeds

Account Balance falls below Term Deposit expiry prior to days Loan installment due date, prior to days

Cheque book issue alert Deposited Cheque Bounced alert Issued Cheque bounced alert

For Email Alert

Type of Alerts : Account Statement Alert Cheque Issue Alert Loan Due Date Alert Standing Instruction Failure Alert

Standing Instruction Expiry Alert Term Deposit Maturity Alert Term Deposit Renewal Alert

Alert Frequency : Daily Weekly Monthly Next Execution Date :

For Telebanking

Own Account Transfer details :

1. Debit Account No. <input type="text"/>	Credit Account No. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>

Third Party Transfer details :

1. Debit Account No. <input type="text"/>	Credit Account No. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>

For Fed e-Pay

Company	SSA	Phone No. without STD Code	Consumer/ Account No.	Exchange Code	Autopay Limit	Pay before days	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Whether Email alert for Fed e-pay required? Yes No If yes, Email ID :

DECLARATION

- I hereby declare that the above details are correct.
- I wish to avail the add-on facility/facilities, as selected above, in my account.
- I wish to change my communication address, as mentioned above, and hereby attach the proof of the same.
- I declare that I am aware of the Bank's rules, and terms and conditions governed on the above mentioned channel services.
- For the purpose of availing the services in respect of joint accounts, I am enclosing the mandate from the joint account holders.

Date : _____ Signature of Applicant _____

ATM CARD/FEDNET/MOBILE BANKING/MOBILE ALERT/EMAIL ALERT/TELEBANKING/Fed e-Pay MANDATE-INDIVIDUALS
(Applicable for accounts of individuals having more than one operator)

Name of Joint Account Holders (other than User):

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

I/We authorize.....(Applicant) to avail of ATM Card/Fednet/Mobile Banking/Mobile Alert/Email Alert/Fed e-Pay/Telebanking service in respect of all the accounts linked to his/her customer ID mentioned in this application from. We undertake to ratify and confirm all and whatever the applicant does or causes to do through these service(s). This authority shall continue to be in force until any one or all of us revokes it by a notice in writing delivered to you.

Signature of Joint Account Holders (other than user)

1.	2.	3.
<input type="text"/>	<input type="text"/>	<input type="text"/>

FEDNET MANDATE – CORPORATES

(Applicable for Operation of Accounts of Company/ Partnership/Trust to operate Fednet Account)

(In the case of partnership firms to be signed by all partners. In the case of Trusts to be signed by all Trustees, In the case of Company to be signed by Authorised officials of the Company)

We have read and understood the terms and conditions of Fed Net- Internet Banking Service of the Federal Bank Limited and we applied for opening an account in the name of....."Company / Firm/Trust with you.

We hereby declare that Shri. /Smt. is authorised to operate the said FedNet account singly on behalf of the Company /Firm/Trust and to avail of the related Fed Net service and to do any transactions through FedNet representing the Company/ Firm/ Trust.

We hereby also declare that all his acts, transactions, instructions shall be binding on the Company / Firm / Trust and ourselves individually (in the case of partnership firm) and we shall remain liable to honour the same.

We undertake to ratify and confirm all and whatever the user does or causes to do through FedNet-Internet Banking Service.

We hereby declare that the authority hereby given is in conformity with the Memorandum and Articles of Association/Board Resolution/ Partnership Deed / Trust Deed of the Company/ Partnership/Trust.

This authority shall continue to be in force until we revoke it by a prior notice in writing and delivered to you. Dated..... day of 20

NAMES AND SIGNATURES

1.	2.	3.
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR BRANCH USE

	Account No.	ATM Card	FedNet	M Alert	E Alert	M Banking	Telebanking	Fed e-pay	Mode of Operation	Mandate Obtained
1.	<input type="text"/>	<input type="checkbox"/>								
2.	<input type="text"/>	<input type="checkbox"/>								
3.	<input type="text"/>	<input type="checkbox"/>								
4.	<input type="text"/>	<input type="checkbox"/>								
5.	<input type="text"/>	<input type="checkbox"/>								

Channel facilities Registered/Change in Communication Address noted.
For change in communication address, KYC documents obtained and verified.

Place : _____
Date : _____ Name, Signature & Signing Power No. _____

FOR H.O. USE

Application No.

Fednet Regd

A/c Scheme Fednet Category

USER ID Allotted

Mobile Banking Regd

Place : _____
Date : _____ Name, Signature & Signing Power No. _____