



THE MEGHALAYA CO-OPERATIVE APEX BANK LTD

APPLICATION FOR INTERNET BANKING

Name of the Applicant: Mr./Ms./Mrs. _____
(First Name) (Middle Name) (Last Name)

Father's/ Husband's Name : _____

Applicant's A/c No: _____ Customer ID: _____
(To be filled by Branch)

Mailing Address : _____

City : _____ State: _____ Pin Code: _____

Date of Birth : ____/____/____ Mobile No : +91- _____ Phone No: _____
(STD Code)

Email Address : _____

Declaration:

I affirm, confirm and undertake that I have read and understood the Terms and Conditions available on Bank's Website (www.megcab.com) for usage of the Internet Banking (View only Services) provided by the Meghalaya Co-operative Apex Bank Ltd and accept them. I declare that all the particulars and information given are correct and upto date.

Countersigned by:

Branch Manager
With Date & Seal

Signature of the Applicant
Date:

FOR HEAD OFFICE USE ONLY

User ID Assigned: _____

Assigned Date: _____

Authorized Officer