

**MALAPPURAM SERVICE CO-OPERATIVE BANK LTD.**

PB No. 6, Perinthalmanna Road, Uphill, Malappuram (PO), 676505.

BRANCH.....

**Email Alert Registration Form**

Date :.....

Customer ID.

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Name

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Addresss


Mobile Number

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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Email ID :

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A/c Type	Account Number	Statement Frequency
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

I wish to subscribe for receiving account statement(s) byEmail, on the Email address in the Bank's record / mandated in this application form.

Signature of the Customer

**For Office Use only**

Enabled Date & Time .....

Enabled by .....