



ACCOUNT STATEMENT REGISTRATION FORM

Customer Name [grid]

Customer Id [grid]

Account ;Number [grid]

Email ID :

Please register me / us for the facility of (Please tick one)

[ ] E-Statement Daily [ ] Weekly [ ] Monthly [ ]

[ ] Quarterly Physical Statement

[ ] Monthly E-Statement and Quarterly Physical Statement

Declaration:

I/We understand that Email statements are for my/our convenience. The Bank shall not be liable or responsible for any breach of secrecy. I/We shall verify the authenticity of the emails I/We receive. I/We shall not hold the Bank responsible for any statement received from illegal source. Bank shall not be liable for non-receipt of the account statement by us for any reason whatsoever.

Signature(s)

\_\_\_\_\_

Account Holder/ Authorized Signatory

Account Holder/ Authorized Signatory

Account Holder/ Authorized Signatory

Dated: \_\_\_\_\_

Notes:

- 1. This is a customer level form and same needs to be signed by the Customer ID holder
2. Physical statement will be sent to the Primary account holder at his registered mailing address with the Bank.
3. E-statement will be sent to the Primary account holder's email id who has registered for the facility. This facility is not available for joint account holders.

Signature Verified by: \_\_\_\_\_ Name and Employee Code \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Remarks if any \_\_\_\_\_

Acknowledgement

We acknowledge the receipt of customer request for \_\_\_\_\_ Mr./Mrs./Ms. \_\_\_\_\_ relating to customer account number \_\_\_\_\_ under service request number \_\_\_\_\_

Date: \_\_\_\_\_

Bank Official
For Equitas Small Financial Bank Ltd.
(Sign and stamp)