

#Branch: _____

#Sole / First Holder's Customer ID: _____

#E-mail ID: _____

Date of Birth: _____ Mother's Maiden Name: _____

Telephone: Res: _____ Office: _____

Mobile: _____ Fax: _____

#Mandatory

Declaration

- I hereby apply for receiving a consolidated statement of account by e-mail on a monthly basis for the accounts under the above-mentioned customer ID*, to the e-mail ID specified above.
- I have the express authority of all the joint holders of the accounts to receive the consolidated statement of accounts on their behalf on the above-mentioned e-mail ID and I hereby agree to indemnify the bank from any claims arising from any of the joint applicants for the usage of this consolidated statement of account by e-mail facility.
- I agree to the discontinuation of monthly statement in the physical form for the accounts under the above-mentioned customer ID*.
- I understand that this will entitle me to a quarterly statement of account in the physical form.
- I agree that the above mode of sending consolidated statement of accounts is for my convenience. The Bank shall not be liable or responsible for any breach of secrecy or confidentiality in any manner whatsoever on account of the information / consolidated statement of account being sent by e-mail at the above stated e-mail address.
- I undertake to inform the bank in writing of any change in the contact information furnished above.
- I do hereby declare that information furnished in this form is true to the best of my knowledge and belief.
- The Bank shall not be liable in case of my not receiving the consolidated statement of accounts because of the above information not being correct.

Sole / First Holder Name: _____

Signature: _____ Date: _____

For Bank use only

Signature of applicant verified as per records: _____

BM / RM / BOM
(Signature and Seal)


Date of Receipt: _____

Sign of RPC/NPC/BPC official: _____

Sign of verifying officer: _____

NOTE: Users subscribing after 21st of every month will receive e-mail statements only from subsequent months.

* Consolidated statement of account will be sent only for accounts in which the customer ID is of the First / Sole holder.



DCB 24-Hour Customer Care
 Email customercare@dcbbank.com
 Call 3281 1322 ■ Toll Free 1800 209 5363
 Website www.dcbbank.com