



# IRINGANNUR SERVICE CO-OPERATIVE BANK Ltd. No F 1753.

Branch .....

## SMS ALERT SERVICES APPLICATION FORM.

Date

**From,**

.....  
.....  
.....

**To,**

Secretary/Manager  
Iringannur Service Co-operative Bank Ltd.  
..... Branch.

Dear Sir,

I/We wish to avail ISC Bank SMS Alert Services for getting alerts on any transaction on My/Our account as mentioned below.

SI No	Account Number (15 Digits)	Mobile Number									

I/We undertake to abide by all the terms and conditions for SMS Alert Facility as may be prescribed from time to time by the Bank.

Signature

Date :

Place :

Note : For Individual/Joint Accounts signature of A/C holder/holders, For Institution/Public or Private Limited Companies,/Cooperative Societies Signature of all Authorized Signatories with office seal.

..... **FOR BANK USE ONLY** .....

The above mentioned details have been logged and maintained in the system after verification.

Date :

\_\_\_\_\_  
Name of Authorized officer.

\_\_\_\_\_  
Signature of Authorized Officer.