

## Registration Form for DCB Personal Internet Banking



Name of the applicant: Mr./Ms./Mrs.

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Customer Id.: \_\_\_\_\_ Account Number: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

IT PAN: \_\_\_\_\_

For change in mailing address: \_\_\_\_\_

(Attach proof)

DCB account holders can access their bank accounts through Internet Banking only where the mode of operation of the Bank account is self / either or survivor / anyone or survivor.

**Declaration:**

I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of the Internet Banking service of Development Credit Bank Limited as set forth in www.dcb.com and that I agree on my own behalf and will adhere to all the terms / conditions of opening / applying / availing / maintaining / operating for usage of the Internet Banking service of DCB as may be in force from time to time. I declare that I have read and fully understood the terms and conditions governing Internet Banking facility and unconditionally accept the same, when this facility is granted to me. I hereby instruct and authorize the Bank to mail / courier my Internet Banking Password related to my access to bankonline@dcb to my address as per the Bank's records. I confirm and agree that the Bank shall not be held responsible in any way for any losses that may be suffered by me as a result of such non-receipt of Password. I declare that all the particulars and information given in this application form are true, correct, complete and up-to-date in all respects and I have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information that DCB may require.

I agree and understand that DCB reserves the right to reject my application without providing any reason. I agree and understand that DCB reserves the right to retain the application forms and will not return the same to me. I authorize DCB or their agent to make references and enquiries which DCB considers necessary in respect of or in relation to information in this application / further applications. I agree and hereby authorize DCB to exchange, share or part with all the information, data or documents relating to my / our application to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other persons as DCB may deem necessary or appropriate as may be required for use or processing of the said information / data by such person/s or furnishing of the processed information / data thereof to other Banks / Financial Institutions / Credit Providers / users registered with such persons and shall not hold DCB liable for use of this information.

Signature: \_\_\_\_\_

(Applicant)

**UNDERTAKING BY JOINT ACCOUNT HOLDERS**

I / We, the undersigned joint a/c holders hereby give our express consent and authorize DCB to grant Internet Banking facility to the above-referred applicant Mr./Ms./Mrs. \_\_\_\_\_

I / We understand that all correspondence in the a/c will be addressed to the first named account holder only.

I / We are aware and we shall be bound jointly and severally on all the transactions made and / or arising from the use of Internet Banking facility by Mr./Ms./Mrs. \_\_\_\_\_

I / We affirm, confirm and undertake that we have read and understood the Terms and Conditions for usage of the Internet Banking service of DCB as set forth in www.dcb.com, and that we will adhere to all the terms / conditions of opening / applying / availing / maintaining / operating for usage of the Internet Banking service of DCB as may be in force from time to time.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd / mm / yy) Place: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**For Bank Use**

Verified: \_\_\_\_\_ Name of MCS / BM: \_\_\_\_\_

Code no.: \_\_\_\_\_ Signature of MCS / BM: \_\_\_\_\_

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



**DCB 24-Hour  
Customer Care** Call: 3281 1322

Email: [customercare@dcb.com](mailto:customercare@dcb.com) | Visit: [www.dcb.com](http://www.dcb.com)