Version-1.0

IMPS
INTER BANK MOBILE PAYMENT SERVICE

IMPS APPLICATION FORM

THE GANDEVI PEOPLE'S CO-OP. BANK LTD.

New Application ☐ Modification ☐ Branch Name _____ Application No. _____

Date : __/__/__

Customer Details: Must be registered with SMS alerts

*Mobile No.	
Account No.	
Account Name	

*E-mail ID	

Please fill only in Capital Letter

MODIFICATION (if applicable)

I want to Change My Mobile Number ☐ YES ☐ NO

* New Mobile Number _____

I want to Active / Deactivate My IMPS ☐ YES ☐ NO

My MMID is _____

Reason _____

1st Holder Name	1st Joint Holder Name	2nd Joint Holder Name

Signature

Declaration :

I/We hereby declare that the above information provided by me/us is true to the best of my/our knowledge and belief. I/We the customer of the customer of the bank have read and understood the terms & Condition relating to the Immediate Mobile Payment Services (IMPS) launched by the bank in association with National payments Corporation of India (NPCI) as displayed in the website www.gpcbank.com. I/We accept given above, towards any amount/charges due to the bank/service provider. I/We understand that the bank may, at its absolute discretion, discontinue/modify any of the services completely or partially without any notice to me/us.

For Bank Use :

I hereby confirm that, I met customer(s) and he/she/they signed before me. All required documents are verified and found correct. KYC details and documents are verified and found correct. Recommended to avail mobile banking services with us.

Branch Name: _____ Signature Verified By: _____ Date : __/__/__

* Compulsory Field :

Note :

1. MMID will be send to Registered Mobile Number after Three working days.