



The Bhuj Mercantile Co-Operative Bank Ltd.

Regd. Head Office: Vyapar Bhavan, Mithakhali Six Road, Ahmedabad 380006

Phone: 079 – 26400969/970 Direct No :7043216700 Fax 079- 26462640

Net Banking Viewing Facility Registration Form

To,

The Branch Manager

THE BHUJ MERCENTILE CO-OPERATIVE BANK LTD.,

Branch: _____

Dear Sir,

I /We wish to register myself/ourselves as a user of your Internet banking service www.bhujbank.com for my/our following account (S).

Please mention 15 Digits A/c No. Mentioned in your Passbook/Statement of Account.

A/C Type	A/C No. (15 Digits)	Name of Account	User Name/ Customer ID
			BMCB_____

Phone No.(R)_____ (O)_____ (M)_____

Email ID: _____(Mandatory for Account Viewing facility)

Note: → One Time Password for First time Login will be sent by us to Your above Registered E-mail.

→ One Customer id have Issue only one User Name & Password By Bank.

→ Fill Separate form For Each Customer ID.

→ Change Your Net banking Password Every Month for Security Purpose.

I/we confirm having read and understand the document containing the "Terms of Services" governing the bank's Internet banking(view only) and i/we accept the same. I/we further agree that the transaction executed over Bank's Secured IPV6 Supported URL : <https://netbanking.bhujbank.com/ibanking/> in above mentioned accounts under my/our User name and Password will be legally binding on me/us.

Date: _____

Applicant's Signature

For Office use only:

Remarks if any:

Signature: _____

Authorized Officer Sign & Branch Stamp

Date: _____