



**Saraswat
Bank**

Saraswat Co-operative Bank Ltd.

(Scheduled Bank)

MOBILE NUMBER & EMAIL ID UPDATION FORM

(For Home / Non-Home Branch Customers)

Branch Code: _____

Branch Name: _____

Date: ____/____/____

I/We wish to apply for / Update:

☐ Mobile Number

☐ Email Id

Required Customer Information: (All fields are mandatory fields)

CIF ID : _____

Name of Customer/ Entity : _____
(In block letters)

Mobile Number : Country Code - _____ Mobile Number - _____

Email Id : _____
(abc@xyz.com)

Declaration:

- I/We am / are aware that it is my/our own responsibility to update Mobile Number & Email ID to the bank as & when it is changed.
- I/We will bear the entire loss and I/We will not hold the Bank or its employees liable for any loss incurred due to compromise of my/our mobile banking/ internet banking/ debit cards/ UPI credentials or my/our negligence/unauthorized access to my/our devices like mobile/ laptop/ desktop leading to Malware/ Trojan or Phishing/ Vishing attack and/or any other cybercrime including the fraud occurred due to SIM deactivation by the fraudster or due to not updating my mobile number & email id immediately with the bank.
- I/We shall not share the Card Number, Expiry date of the Card Number, CVV, Passwords, PIN, OTP etc with any 3rd party and it is my/our own responsibility to keep the same private and confidential.
- I/We declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I, and other joint accountholders have not withheld any information. I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We agree and undertake to provide any further information that Saraswat Bank may require.
- I/We declare that I/We have read and understood the contents as mentioned in 'Customer Protection Policy' uploaded on www.saraswatbank.com.

Signature of 1st holder

Signature of 2nd holder

Signature of 3rd holder

Signature of 4th holder

Signature of 5th holder

Signature of 6th holder

FOR OFFICE USE ONLY

- I hereby confirm that the mode of operation of the account(s) and signature(s) of the client are verified.

Application accepted by:

Name: _____

Designation: _____

Employee Id: _____

Stamp & Signature: _____

Date: _____ Time: _____

Application verified by:

Name: _____

Designation: _____

Employee Id: _____

Stamp & Signature: _____

Date: _____ Time: _____