



TNSC BANK

THE TAMIL NADU STATE APEX CO-OPERATIVE BANK LTD.

Old No: 233, New No: 4, N.S.C BOSE ROAD, CHENNAI -600 001.

Phone: 044-25302300, 044-25302333 Fax: 044-25340508

Email: tnscbank@vsnl.com, ebk@tnscbank.com

Web: www.tnscbank.com Web: www.tnscbank.net

APPLICATION FOR ISSUE OF NEW LOGIN AND TRANSACTION PASSWORD - CORPORATE CUSTOMERS

FROM:

Date: 31.10.2011

M/s: Karaimedu Primary Coop Agrl cr. society Ltd

CIF No: 123456789

Karaimedu. Bahoor Post.

Corp ID: Karaim0001

Cuddalore Dist. Pin: 607402

Email: karaimedupacs@yahoo.co.in

TO:

The Manager / Chief Manager,
The Tamil Nadu State Apex Co-operative Bank Ltd,

HEAD OFFICE

Head Office / Branch.

Dear Sir,

Sub: Request for Issue of New Password for Login and Transaction and activation of the facility requested -Reg

We are the authorized persons to deal with the bank in connection with Internet banking operations for our corporate account. The below mentioned are the authorized persons to operate Internet banking operations for our corporate account with your Bank.

No.	Name of the authorised person	Designation	Account number
1	XXXXXXXXXXXXXXXXXX	Secretary	55555555
2	XXXXXXXXXXXXXXXXXX	Asst Secretary	55555555
3	XXXXXXXXXXXXXXXXXX	Assistant/Cashier	55555555
4	XXXXXXXXXXXXXXXXXX	Assistant/cashier	55555555

(If space provided is not sufficient, please furnish the above details in a separate sheet in the above format only)

We therefore request you to issue the login and transaction passwords for the above users. The PIN Mailer for them may please be sent to us directly.

We request you to activate all the users and enable the e banking facility for the above account to commence operation.

Thanking you

Yours faithfully,

1) Sd/ _____

2) Sd/ _____

Name: XXXXXXXXXXXXXXXXXXXXX

Name: XXXXXXXXXXXXXXXXXXXXX

(To be signed by authorised person nominated by the resolution of the board of management to deal with the Bank and not the authorised signatories operating the internet banking facility)

FOR BANK USE

Date: _____

Signatures of the above Authorized persons are verified. The users may be activated.

Forwarded to project office on Date: _____

Branch Manager /Chief Manager

PROJECT OFFICE

Date: _____

The users are activated and the same is informed to the Home branch

1. _____ 2. _____

Name: _____ Name: _____

Designation: _____ Designation: _____

Disclaimer: The corporate is advised to check/verify the Information furnished above before submitting. The Bank cannot be held liable in case any harm, damages, loss caused due to incorrect information provided by them.