



SHREE WARANA SAHAKARI BANK LTD; WARANANAGAR

HEAD OFFICE: Warananagar, Tal. Panhala, Dist Kolhapur 416 113

Phone: (0231) 2641364

E-mail : it@waranabank.com

Website : www.waranabank.com

E-Statement Application Form

To,
The Branch Manager

_____ Branch

I/We wish to register as a user of 'Shree Warana Sahakari Bank Ltd., Warananagar'
E-Statement Service.

Name of the Applicant /Company Name:

Surname	First Name	Middle Name

Name of The Company

Mailing Address: _____

_____ Pin: _____

* E-Mail address (Individual/Company): _____

* Phone No: _____ * Mobile No: _____

Pan No.: _____

* Date of Birth/Incorporate date (DD/MM/YYYY): _____

Details of accounts to be linked to E-Statement

Customer ID	Branch	Account Type	Account Number	Name Of account

Date:

Customer Signature & Seal

Branch Manager Signature & Seal