

responsibility and that I/we shall not compromise with the same. I/We shall not hol	REGISTRATION (Fields marked with *are mandatory)  Customer Type*: Individual Proprietorship  Individual Proprietorship  Joint Account Holder Mobile No.:  The Bank through the link provided on SMS or through any other mode or MPIN and/or SMS PIN with anyone. The complete security of the above passwords is my/our dithe Bank responsible in any manner whatsoever
<ul> <li>I/We understand that I/we shall be required to initiate SMS or GPRS services for availing Mobile Banking facility and shall be liable to pay charges to my/our respective Service Provider as per applicable tariff plan and as levied from time to time. I/We also understand that the Bank would not be responsible/liable for any such charges levied by the Service Provider</li> <li>To offer convenience to me/us to select the account used for debit of transaction on IndusMobile, I/we authorise the Bank to display all the accounts linked to my/our Customer ID prior to transaction initiation on IndusMobile application</li> <li>I/We irrevocably authorise the Bank to debit such Accounts selected by me/us for IndusMobile for all transactions/services undertaken using MPIN</li> <li>I/We accept and agree that the Bank is authorised to set a daily upper limit ₹5,000 per customer for financial transactions initiated on IndusMobile application and a daily upper limit of ₹5,000 per customer for transactions initiated on IndusMobile SMS channel/command based text as per the prevailing RBI guidelines. In addition, the monthly transaction limits will be as prescribed by RBI guidelines</li> <li>In addition, I/we accept the IndusMobile related terms and conditions as available on www.indusind.com</li> </ul>	
I/We confirm having read, understood and accepted the terms and conditions of IndusMobile Services.	
Date: D D M M Y Y Y Y  Place:	Signature of First Holder (if Joint a/c)
TO BE COMPLETED BY BRANCH STAFF	
I hereby confirm that the above observations are true to the best of my kno	wledge and are in consonance with my interaction with the customer.
Date:	2
Employee Code:	
Name:	
Signature & Seal:	
CSE	MCSOP/Branch Head