APPLICATION FOR DOOR STEP BANKING SERVICES





Branch:		Date: D D M M Y Y Y Y
	Basic Details	
Name of the Applicant:		
Account No:	CRN:	
Constitution		
Family Office Sole-Proprietorship Partnership Public Ltd Company PSU - Central PSU - State Section 8 Company Society Trust Club Association Financial Institution Embassy/Consulate International Agency (UNESCO, WHO etc.) Govt. Department/Agency/ Board/ULB/Local Government (Taluk/ GP)/ Autonomous Body Others (Please specify)		
	Services	
Type of Services: Cash/Cheque Pick up Cash/Cheque/DD Delivery *Frequency: Daily Weekly On Call Others (Please specify) *Preferred Time:* *Bank reserves the right to fix the frequency and time		
Details of The Officials Authorised To Operate Door Step Banking Services		
Particulars	Name of the Official	CRN
Details of The Officials Authorised To Operate Door Step Banking Services		
I/We confirm having read and understood the Terms & Conditions of Door Step Banking Services as mentioned in the website www.janabank.com and agree to abide by the same. I/We agree to pay the charges/fees pertaining to Door Step Banking Services. I/We agree that Jana Small Finance Bank has the right to change the charges/fees relating to Door Step Banking Services and agree to pay the revised charges as and when applicable.		
Signature & Seal	Signature & Seal	Signature & Seal
Draft of Board Resolution To Be Su	bmitted By Limited Companies	
on the and has be avail the Door Step Banking Services and conditions including charges/	resolution of the Board of Directors of the	company :- "Resolved that the company shall and to abide by all the terms
Signature & Seal	Signature & Seal	Signature & Seal