## JAMMU AND KASHMIR GRAMEEN BANK DIGITAL BANKING SERVICES (UNWILLING REQUEST FORM)

Date:			
Application Form No (All fields with * are	mandatory to be filled)	(To be filled by Office) I wish to	
		ered by Jammu and Kashmir Grameen	
Bank.			
I submit the informat	ion required for the purpose as	under:	
Name of the applican	t*: Mr. /Ms. /Mrs		
Father/Spouse Name	*:		
Address*:			
@	City*:		
Pin Code:			
Select the Digital Ser	vice*:		
Account No. /Custon	<ul> <li>□JKGB M-BANK</li> <li>□UPI</li> <li>□POS</li> <li>□AEPS</li> </ul>		
Branch*			
Date:// Place: customer		Signature of Sole/Thumb Impression of	
	For Off	ice use	
The Details mentione	ed in the request form including	signatures of the applicant are verified and correct.	
Signature		Authorized Officer	
		Authorized Officer	

User Id