



**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: [tnsbank@vsnl.com](mailto:tnsbank@vsnl.com), [ebk@tnsbank.com](mailto:ebk@tnsbank.com)

Web: [www.tnsbank.com](http://www.tnsbank.com) Web: [www.tnsbank.net](http://www.tnsbank.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: XXXXXXXXXXXXXXXXXXXXXX

Name: XXXXXXXXXXXXXXXXXXXXXX

(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)

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**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**

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**PROJECT OFFICE**

Date: \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Designation: \_\_\_\_\_

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**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.