

Contact Data Registration For Debit Card One Time Password

Branch: OCS

Cardi	nolder Details (Mandatory)	
1	Full Name	IVANOVA MARIA
2	NIC/DL/PP Number	45 123 4564
	Country of Issue (If relevant)	RUSSIA
5	Date of Diate	21 01 1000

4 Postal Address RUSSIA, MOSCOW, AR
5 Mobile Number + 4916 890 52 18

Details to which the OTPs of E-Commerce Internet Transactions should be sent (Please note that the OTP is generated only if the website/merchants acquiring partner, that you are engaging is registered in 3D Secured system);

6	Debit Card Number	
7	Account Number	
В	Email Address	maria@mail. "u
9	Mobile Number	+ 7916 890 52 18

This is to confirm that I'm using the above mentioned Mobile No / Email address for my personal activities, and I take full responsibility of any banking transactions carried out via the use of this Mobile Number/ Email address, once I have been facilitated with the One Time Password (OTP) facility from People's Bank via this Mobile Number/ Email address, by registering this Mobile Number / Email address as my personal Mobile Number / Email address for Debit Card OTP service.

I/we agree to inform the bank of change/variation in the Mobile Number/Email Address stated above, and bound by the terms & conditions of all payments related to Electronic Fund Transfer Cards and any amendments there of as the Bank may introduce from time to time in connection with the use of the said facilities/services.

I do hereby;

- Authorize sending the OTP's of the E-Commerce Internet Transactions originating from the above mentioned Debit Card to the above Mobile Number/ Email Address.
- Further Indemnify and Hold Harmless, People's Bank from all EFTC transactions that could take place from the mentioned Debit Card linked to this Mobile Number / Email Address, when I'm provided with One Time Password related services.

Branch Use Only		PCC Use Gnly
Customer Information & signature checked & verified by:	Approved by:	Data Entry by:
Signature of B Class Officer (On branch Stamp)	Signature of Branch Manager (On branch Stamp)	Signature of PCC User
Name:S-Number:	Name:	Name:5-Number:
Date:	Date:	Date: