

## लुम्बिनी बचत तथा ऋण सहकारी संस्था लि.





Application From For Lumbini Mobile Banking Service

		Date:
Dear Sir/ Madam		
I/We hereby request you to j		
Mobile Banking Service to me/ Details of Accounts Holder's	us. The required details are as	under:
Member FID		
Account Holder's Name		
Address		
Account Number		
Mobile Number		
SERVICES		
Enquiry Instruc	tions Others	(if any)
MANDATE		
my/our knowledge. I/We governing Lumbini Mobile B Society Ltd. Should I/We fail	the information provided here have read & understood the anking Service at Lumbini Saveto comply with or abide by such incurred as a consequence ely responsible.	ne terms and conditions ing & Credit Co-Operative ch terms & conditions and
YOURS'S FAITHFULLY		
Signature		
FOR OFFICE USE ONLY		
Application processed by	Verified By	Approved By