



कर्णाली डेभलपमेन्ट बैंक लिमिटेड Karnali Development Bank Ltd.

(नेपाल राष्ट्र बैंकबाट "ख" वर्गको इजाजत प्राप्त)

MOBILE BANKING AMENDMENT APPLICATION FORM

Date: ___/___/___

To,
The Manager,
Karnali Development Bank Limited
..... Branch

Dear Sir/Madam,

I Request you for the following amendments in the Mobile Banking Service availed of by me and all the terms mentioned in the initial application submitted by me. Welcome letter given by the Bank are acceptable to me.

Block my Mobile Banking Registration

Renew my Mobile Banking Registration

Reset Pin

Change Mobile Number

Old Mobile No. : _____ New Mobile No.: _____

Change Account Number

Old Account No. _____ New Account No. _____

Add/Remove Services:

Transaction Alert

Mobile Banking Transaction (Recharge, Bill Payments etc)

Bank Transfer (Transfer fund to other account of same bank and f1-network member Banks)

eSewa Transfer

Account Holder's Name:

Mobile No.

Account Number:

Account Holder's Signature



Stamp

OFFICIAL USE ONLY

Application Received By: _____

Approved By: _____

Account/Signature/Stamp Verified by _____
