

Raghav Co-operative Thrift & Credit Society Limited

Shop No.1, WZ-60, Jwala Heri Paschim Vihar, New Delhi-110063

Ph:-011-25270482, 25277149

Website: www.raghavsociety.comEmail: raghavsociety@gmail.com**SMS Alert Registration Form**

I wish to avail the SMS alerts facility for my below mentioned Membership/Account.

Membership ID: _____

Name: _____

Mobile number to be registered: _____

Email id, if any _____

Terms and Conditions:

The Society will notify all the activities & financial transactions through SMS alert to Member.

The Society will not be responsible for the unavailability of the service or for the non-receipt of an alert due to reasons beyond the control of the Society.

The Society may suspend or terminate the SMS alert facility without prior notice if the member has breached the terms and conditions.

The Society may at its discretion, amend any of the Terms and Conditions governing the SMS services, at any time. Non receipt of any notification or failure to receive notification, if any, by the member in this regard will not exempt such member from such amendments and modifications.

By registering for the SMS alerts facility, the member agrees to accept and abide by all the Terms and Conditions of the Society relating to this facility.

This facility is provided to the member, at the rate of Rs.50/- per year.

I have read and understood the terms and conditions relating to SMS Alerts Facility offered by Society and agree to abide by the same.

I certify that the details furnished in this Application are correct and I give my consent to receive information under this SMS Alerts Facility.

I shall advise the Society immediately in case of any change in the above details including the information given in the Application form.

I agree to provide any additional information required by the Society, from time to time, for providing the SMS Alerts Facility.

I confirm that the mobile number mentioned above belongs to me and only I have access to the SMS received on this mobile number.

Signature of Member _____

Name of Member _____

--for office use only--

| Received Date | Accepted | Details:-Pan,Adhaar, Any | Remarks, if any | Sign. Of Official |
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