SIB M-Pay
MPIN/Application Password Reset Form

SIB M-Pay
Mobile Banking Service
from South Indian Bank

Branch: ———————————— **Date:**————————

First Name:

Middle Name:

Last Name:

Registered Mobile Number:

9	1										

Account number/s registered for SIB M-Pay:

I/we would like to reset

MPIN: ☐

SIB M-Pay Application Password: ☐

SIB M-Pay
MPIN/Application Password Reset Form

SIB M-Pay
Mobile Banking Service
from South Indian Bank

SOUTH
INDIAN Bank
EXPERIENCE NEXT GENERATION BANKING

Declaration:

I/we hereby declare that the above information provided by me/us is true to the best of my/our knowledge and belief. I further certify that the mobile number and account number/s provided belong to me/us and is operated by me/us.

Signature of Customer(s): —————————   ——————————   ——————————
1st A/c holder   Joint A/c holder 1   Joint A/c holder 2

FOR OFFICE USE ONLY:

We certify that:
1. Customer's mobile number is the same as in finacle database.
2. Customer's signature has been verified

Authorized Signatory of Branch: ——————————————   ——————————————
(Name & PPC)   **(Sign &seal)**