Service Discontinuation Form



The Manager ONE Bank PLC Branch	
Branch	
Dianon	
Account Number : CIF Number :	
Account Titile :	
Service Discontinuation	
I/We do hereby acknowledge and confirmed that I/We am/are well aware about discontinuation/opt-out from SMS Alert service, for w I/We will not be receiving any types of messages from the bank or any transactional information of any of my / our OBPLC account mentioned above. I/We am/are fully aware about the risk and responsibility after receiving detail on the opt-out / discontinuation of salerts service from Bank officials who have also clarified me/us properly about the risks and probable consequences of not having SMS a service. Understanding the overall risk & consequences, I/We am/are giving my/our written instruction to bank to opt-out myself/ourse &/or to discontinue the SMS alert service from now onward. Bank or any of its officials shall not be liable for any financial or non-final losses, damages or expenses which I/We may face due to opting out from the SMS Alert service and such losses shall be borne by m SMS alert service shall remain inactive until advised by me/us in written format in future.	ts as SMS Alert elves ncial
Signature of 1st Applicant Signature of 2nd Applicant Signature of 3rd Applicant	
Signature Verified Approval Obtained	
Checked by CSO Verfied by BSM Approved by BM	
Signature & Seal ***All joint-account holders are required to sign regardless of mode of operations.	