

A. Statement of operationalisation of off-site ATM by the bank to be submitted as and when effected.

Name of the Bank:

| S. No | Complete Address of ATM installed | Population group wise classification of center | Details of base branch | Date of opening of ATM |
|-------|-----------------------------------|--|------------------------|------------------------|
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B. Statement of operationalisation of Mobile ATMs by the bank to be submitted as and when effected.

Name of the Bank:

| S. No | Centre District / State | Details of Base Branch | Population group wise classification of center | Centers / places to be visited by mobile ATM | Day of visit | Date of operationalisation of mobile ATM |
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