

APPLICATION FORM FOR RUPAY DEBIT CUM ATM-CARD

Name Desired On Debit Card: _____
(Maximum 19 characters are allowed including space character)

Mother's Name : _____

CBS Account Number : _____

CBS Customer ID : _____

Mobile No : _____

E-Mail ID : _____

Please deliver the debit card to my present address / permanent address. _____

DECLARATION/DEBIT CARD UNDERTAKING

I have received, read and understood the terms and conditions governing the usage of the Debit Card. I accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank at its sole discretion without any notice to me. I confirm that I am the sole account holder or have the required mandate to operate the account linked to the Debit Card singly and that I have completed 18 years of age. I understand and undertake that the usage of the Debit Card shall be as per rules of the bank.

I accept full responsibility for my/our Debit Card and agree not to make any claims against SHRI. D. T. Patil Co-Operative Bank Ltd., Chikodi respect thereto.

Place : _____

Date : _____

(Applicant's Signature)

FOR BRANCH USE ONLY

Address, signature of Customer and Mode of Operation of the account(s) verified in CBS. The conduct of the account during the last six months is satisfactory/It is a New Account. We hereby issue the Debit Card.

Card Number : _____

Branch Register Entry Number With Date: _____

Branch : _____

Date : _____

Signature of the Issuing / verifying Authority