



# Sreenidhi Souharda Sahakari Bank Niyamitha

#113, R.V Road, V.V. Puram, Bangalore, Karnataka-560004, India.

\_\_\_\_\_Branch

## Application Form for Debit Card

To,

Date of Application\_\_\_\_\_

The Branch Manager,

Sreenidhi Souharda Sahakari bank Niyamitha,

\_\_\_\_\_ Branch.

Dear Sir/Madam,

I/we request you to provide me/us RUPAY ATM Cum Debit Card on my/our below mentioned SB/CA/OD A/c with you. I/We agree to abide by the rules/regulations in force for the time being and for its any modifications in future.

1. Full Name[BLOCK LETTERS] \_\_\_\_\_
2. Full Account No.[15 Digit number] 522\_\_\_\_\_
3. Mobile No/Telephone No \_\_\_\_\_
4. E-Mail ID \_\_\_\_\_
5. Address of the A/c Holder \_\_\_\_\_  
\_\_\_\_\_

### **DECLARATION FOR DEBIT CARD UNDERTAKING**

I/We have read and understood the Terms and Conditions governing the usage of Sreenidhi Souharda Sahakari Bank Niyamitha Debit Card. I/We accept to be bound by the said terms and Conditions or to any changes made therein from time to time by the Bank at its sole discretion without notice to me/us. I/We confirm that I/We am/are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Debit card singly.

I/We accept full responsibility for my/our Debit Card and agree not to make any claims against Sreenidhi Souharda Sahakari Bank Niyamitha in respect there to. I/we agree to provide any information from my/our account to Sreenidhi Souharda Sahakari Bank Niyamitha.

Date:\_\_\_\_\_

Place:\_\_\_\_\_

Signature of Applicant/s:\_\_\_\_\_

(In case of joint Account)

(Debit Card is issued in joint accounts where mode of operation is either or survivor / anyone or survivor. It is not issued to trust accounts and accounts having credit facility)

**FOR BRANCH USE ONLY**

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

Name of the Account Holder: \_\_\_\_\_

Card Number : \_\_\_\_\_

Signature of the Issuing \_\_\_\_\_

Name of the issuing Authority: \_\_\_\_\_

Signature of the verifying Authority: \_\_\_\_\_

Name of the verifying Authority: \_\_\_\_\_

**P.A. No. / Customer ID** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Branch:** \_\_\_\_\_