

APPLICATION FOR ISSUE OF ATM/DEBIT CARD

Application no. _____ Date:- _____

Saving Bank A/c No. _____

I/We agree to abide by the Bank's Rules and regulations related to the issue of "ATM/DEBIT Card"

(Please fill the Form in Capital Letters)

Customers Details:-

Name: _____

Mr/Mrs/Miss/Dr.	First Name	Middle Name	Surname
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Date of Birth:- _____

PAN/GIR No:- _____

AADHAAR Card No./Gas Bill No./Electricity Bill No./Telephone Bill No. _____

If you do not have the PAN/GIR No., Please fill in the following: -

Are you an Income Tax Assesse? Yes/No

Date of Appointment _____

Date of Superannuation _____

Residential Address _____

Office Address _____

Office Tel No _____ Mobile No _____ Resi Tel No _____

SIGNATURE OF THE APPLICANT

FOR BANK'S USE ONLY

1. Risk categorization of the Account with reasons:

High Risk reasons _____

Medium Risk Reasons _____

Low Risk Reasons _____

Information entered by _____