

## THE AKOLA JANATA COMMERCIAL CO-OPERATIVE BANK LTD; AKOLA



(MULTISTATE SCHEDULED BANK)

## Application form for RuPay ATM cum Debit Card

To, The Brar	nch Ma	nager	7																								
Branch																											
I wish to apply for RuPay Card Duplicate RuPay Card																											
My Personal Details are as given below (Please fill this form in ENGLISH and BLOCK LETTERS)																											
Full Name																											
Name to be	embo	ssed o	n De	ebit (	card	<b>d</b> (18	8 Cha	rate	rs or	nly)																	
Address																											
City																				Pin	Cc	de					
Dist.																Sta	te										
Tel (Resi.)	STE	CO	DΕ								(0)									Fax							
Mobile No.			<u> </u>						E-	ma	il																
Date of Birth DDMMYYYYY Reason for applying Duplicate Card:																											
RuPay Card	servi	ce ava	ilabl	e fo	r in	divi	idua	al /	Joi	nt A	Acco	oun	t H	old	ers	/ Sc	ole	Pro	pri	eto	rsh	ір о	nly				
Customer's ATM Card No. for Surrender:																											
Branch :																											
The said account will be linked to RuPay Card																											
						D	Ε	C	ı	_ /	A	R	A	1		I	0	N									
I have read and accepted the "Terms and Conditions" displayed on www.akolajanatabank.com which can be amended from time to time regarding the use of RuPay Card. I accept and agree to be bound by the said "Terms and Conditions" limiting the Bank's liability. I understand that the Bank may, at the absolute discretion, discontinue any of the service completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable time to time. I understand that all the operations effected through use of RuPay Card are binding on me.																											
Date																											
SIGNATURE OF THE FIRST ACCOUNT HOLDER																											
FOR BRANCH OFFICE USE ONLY  Signature of the above account holder is verified and is as per the records, Mode of operation verified, KYC complied.														lied.													
Above account and Mobile No. are linked to Customer No.  Recommended to Issue RuPay Card (In case of joint account holders a separate mandate is to be obtained from other account holders)														ther													
(Name and signature of the Branch Officer) with his / her employee code :												Branch Seal / Stamp : Date :															
								FC	R	ΑT	M (	Cell	us	se (	onl	У											
Issued by:																]	โรรเ	ıed	Da	ite	:			 			