

The District Co-operative Central Bank Ltd., kakinada.

Application Form for RUPAY Debit Card

BranchName_____

Date of Application _____

Saving account no:

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Name (Person to whom card is to be issued)

Mr./Mrs./Ms_____

Date of Birth_____

Father's/Spouse Name_____

Name Desired on Debit Card_____

Address:

(O) _____

_____ Pin _____

Address:

(R) _____

_____ Pin _____

Tel.No. (R)_____ Tel.No.(O)_____

Mobile No_____ e-mail ID_____

I would like to receive my Card and PIN (Please tick one option)

- i) Residential Address.
- ii) Office Address.
- iii) Will collect personally from the Branch

DECLARATION FOR RUPAY DEBIT CARD UNDERTAKING

I/We have read and understood the Terms and Conditions governing the usage of DCCbank RUPAY DebitCard. 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 are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Debitcard singly.

I/We accept full responsibility for my/our RUPAY Debit Card and agree not to make any claims against DCCbank, Kakinada in respect thereof. I/we agree to provide any information from my/our account to DCCbank, Kakinada.

Date: _____

Signature of First Applicant: _____

Place: _____

Signature of second Applicant: _____

(In case of joint Account)

(DebitCard 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

Saving account no:

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Card number:

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Acknowledgement : I acknowledge the receipt of new RUPAY ATM cum debit card under the same terms and conditions and authorize you to debit the requisite charges to my account.

Signature of the Cardholder

Applicant's signature has been verified with his/her signature on record in the designated account.

Name of the issuing/verifying Authority: _____

Authorised Signatory