Head Office: - TPS 3, Final Plot No. 16, Pratibha Nagar, Kolhapur - 416008

APPLICATION FORM FOR ATM CARD

| Dura walki | | | Sr. No. : |
|--|--|--|--|
| Branch: | _ | | Date: |
| | PERSO | ONAL DETAILS | |
| CBS ACCOUNT NO (16 digit | s) | | |
| · = | | Maximum 18 Characters in En | glish capital letters) |
| *Please ignore (Shri/Sou/Mr/Mr | | | , |
| | | | |
| Primary A/C Holder Name | Surname | First Name | Middle Name |
| , | | | |
| 4St | 6 | F: | 5 at 1 H - 51 |
| 1 st Joint A/C Holder Name | Surname | First Name | Middle Name |
| | | | |
| 2 nd Joint A/C Holder Name | Surname | First Name | Middle Name |
| | | | |
| 3 rd Joint A/C Holder Name | Surname | First Name | Middle Name |
| | | | |
| | | | |
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| *MANDATORY FIELD (IF PAN NO —) *(IF PAN NO DOES NOT E | ALREADY SU XIST PROVID NO OR | BMITTED NO NEED TO PRO BE A HARD COPY OF FORM NO FORM NO 61 -> YES / N | PINCODE VIDE HARD COPY)* O 60/61)* |
| *MANDATORY FIELD (IF PAN NO → | ALREADY SU XIST PROVID NO OR | BMITTED NO NEED TO PRO BE A HARD COPY OF FORM NO FORM NO 61 -> YES / N | PINCODE VIDE HARD COPY)* O 60/61)* |
| *MANDATORY FIELD (IF PAN NO *(IF PAN NO DOES NOT E FORM NO 60 YES / REGISTER MY MOBILE NO ALERT | ALREADY SU XIST PROVID NO OR D.FOR ALL SI | IBMITTED NO NEED TO PRO | PINCODE VIDE HARD COPY)* O 60/61)* O |
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| *MANDATORY FIELD (IF PAN NO | ALREADY SU XIST PROVID NO OR D.FOR ALL SI | IBMITTED NO NEED TO PRO | PINCODE VIDE HARD COPY)* O 60/61)* O |

* ए टी एम सुविधेचे अटी व शर्ती *

- १. पैसे काढण्याची मर्यादा : ग्राहकांना एकावेळी अधिकतम रु.२०,०००/- पर्यंत काढता येतील. प्रत्येक दिवशी खात्यावरील जमा असलेल्या रक्कमेपैकी एकत्रित रु.२०,०००/- पर्यंत मर्यादित रक्कम काढता येईल.
- २. प्रती खाते/प्रती ग्राहक ए टी एम सवलत : ए टी एम कार्ड (पहिले) विनामूल्य देण्यात येईल, मात्र एकवर्षानंतर ए टी एम कार्ड हाताळणी शुल्क वार्षिक रु.१००/- राहील. इप्लिकेट कार्डसाठी रु.१००/- अतिरिक्त चार्जेस आकारण्यात येतील.
- 3. संयुक्त खाते, भागीदारी फर्म, प्रायव्हेट लिमिटेड, लिमिटेड कंपनी, सहकारी संस्था ट्रस्ट, एच.यु.एफ. व पेन्शनर व्यक्तीच्या खात्यांना ए टी एम स्विधा देता येणार नाही. मात्र सदर अट शिथिल करणेचा अधिकार बँकेने राखून ठेवला आहे.
- ४. दुय्यम ए टी एम कार्डावरून होणा-या सर्व व्यवहारांचे SMS प्रथम खातेदाराना (Primary A/C Holder) जातील.
- ५. बॅंकेकडून सूचना मिळेपर्यंत POS (खरेदीकरिता) कार्डचा वापर करू नये.
- ६. ए टी एम कार्ड सेवा विनंती अर्ज स्वीकारताना संबंधित आपल्या बँक खातेदाराचा बरोबर पॅन नंबर, नसल्यास फॉर्म नं ६० किवां फॉर्म नं ६१ हे त्याच्या खात्याला आहे की नाही हे पहावे. आणि नसल्यास त्याची (प्रिंटआउट घेऊनच) पूर्तता करूनच त्याचा विनंती अर्ज यावा.
- ७. वरील नियमांची पूर्तता झाली नसेल तर ए टी एम कार्ड सेवा विनंती अर्ज नाकारण्याचा अधिकार बँकेने आपल्याकडे राखून ठेवला आहे.

DECLARATION

I/We declare that, the above information is correct. I/We acknowledge receipt of terms and conditions applicable to ATM card and I/We have read and accepted your rules and regulations of ATM facility. I /We hereby request you to issue me ATM Card and authorize you to debit above mentioned account with Charges/ Fees transactions done on ATM.

| | e of the Applicant We all the joint account holders agree with and give cant at its discretion on the terms and conditions govern | Signature e our consent to the bank to issue the ATM card to the ning this facility. |
|---|--|--|
| 1 | Name of the 1st Joint Account Holders | Signature |
| 2 | Name of the 2nd Joint Account Holders | Signature |
| 3 | Name of the 3rd Joint Account Holders | Signature |

Only for Office Use

Information given in the application form is complete and correct as per branch record. Signature(s) of account holder(s) on the form are verified and found correct as per branch record. Approved for issuance of ATM Card.

*K Y C Compliance: Yes / No

| | | | , | | | | |
|--------------|--------------------|----------|----------|----------|---|---|---|
| SMS SUBSCE | RIPTION ENTRY NO – | → | | | | | 1 |
| | | | | | | | |
| Cardina Data | Name | | | Signatur | 0 | • | |

(MANDATORY FIELD ONLY FOR BRANCH STAFF)

Carding Data Entered By

| Name | Emplo yee Code | Signature | Date |
|------|-------------------|-----------|------|
| Name | Employee Code | Signature | Date |

Verify By