

# The Bundi Central Co-operative Bank Ltd.

Head Office By Pass Road, Bundi-323001

Branch MICR No. \_\_\_\_\_

Serial Number \_\_\_\_\_

## ATM CARD APPLICATION FORM

(Please Fill in Block Letters) (Please put (tick) in appropriate box)

To,  
The Branch Manager,  
The Bundi Central Cooperative Bank Ltd.  
Branch \_\_\_\_\_

Dear Sir,

I / We wish to apply for the ATM (Automatic Teller Machine) Card. The Details are as under.

### PERSONAL INFORMATION

1) NAME :

Account Holder Name :	
Father's Name :	
Mother's Name :	
Spouse Name :	

2) DATE OF BIRTH :      M   M      D   D      Y   Y   Y   Y

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3) ADDRESS (Please put (X) in the box below indicating your choice of address to which correspondence is to be sent)

RESIDENCE ADDRESS ( )	COMMUNICATION ADDRESS ( )
PIN	PIN
TEL. :	TEL. :
MOB.:	MOB.:

### FINANCIAL INFORMATION

4) PRIMARY/SECONDRY ACCOUNT DETAILS (the Saving Bank or Current Account) for ATM Card )

Type	Account Type/ No.	Balance	Joint Holder's Name/s (if any)
PRIMARY			

5) PAN NO. 

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6) DOCUMENT FOR POSITIVE IDENTIFICATION (Passport/Driving License/Identity Card/ Voter's I-Card etc. )

Sr. No.	Issued By	No	Date of Issue	Date of Expiry

**7) DECLARATION**

I/We declare that the above information is correct. I/We have read and understood the terms and condition of the ATM Card Facility as annexed to this application. I/We authorize the Bank to my/our employer or any source to obtain any further information that may be required. I/We hereby authorize the Bank to issue to me/us an ATM Card as requested and debt my/our above-mentioned Primary account for all withdrawals by me/us using the card and also to recover the Bank's Charge/fees as applicable from time to time. Without prejudice to above. I/We accept the Bank's lien on my/our all deposits. present and future, held in the above-mentioned primary Account.

**AUTHORIZED SPECIMEN SIGNATURE/S**

S. No.	A/C HOLDER NAME	SIGNATURE
1		
2		
3		
4		

Customer details verified by :

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**FOR USE OF THE ISSUING BRANCH**

Branch Application Sr. No. \_\_\_\_\_

The details Mentioned in the application from are verified by us and the application is sanctioned and forwarded to ATM Card Cell. Jaipur, for issuance of the Card.

Signature of Branch Manager,  
Signature Code No.

Seal of the Branch

Name and Designation

Date

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**TO BE FILLIED IN BY ATM CARD ISSUING AUTHORITY**

1. Application Received on : \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy)

2. ATM Card No. : .....

3. Date of Issue : \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy)

Signature of Authorised Official ATM Card Issuing Branch.