

REQUEST FOR ADD - ON SVC DEBIT CARD

I / we wish to apply for Add-on Card for card No

Name to be Embossed on the Card :

Note : Only one Add-on card will be given only to joint holder of Primary Account.

Mailing Address

(* Mandatory Fields)

Address (*) :

City : Pin Code:

State : Country :

Landline No. : STD CODE Landline Alternate No.:

(* I wish to register for SMS Banking the terms and conditions governing Banc@Cell have been read and accepted by me

Mobile No. Alternate Mobile No:

Email Id :

In case of multiple E-MAIL ID's Please ADD “;” between the E-MAIL IDS.

Declaration

I/We have read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank, at its sole discretion without any 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 debit card(s) singly and I/We understand that upon the first usage of Debit card, the existing ATM card linked to my/o ur account will be deactivated. I /We understand and undertake that the usage of the Debit card shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India. I/We accept full responsibility for my Debit Card and agree not to make any claims against SVC Bank, in respect thereof. Apart from this, the current Schedule of charges has been received by me and I agree with the same.

Signature of Applicants :

1st Applicant	Joint Holder	Joint Holder	Joint Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
Name : _____	Name : _____	Name : _____	Name : _____
_____	_____	_____	_____



FOR BANK USE ONLY

Signature of Customer and Mode of Operation of Account(s) verified : Yes KYC COMPLIED

Signature & Stamp of the Verifying Authority

P.A. No.

DATE