

The Shamrao Vithal Co-operative Bank Ltd.
Application form for SVC International Visa Debit Card

(This information sheet will be kept strictly confidential)



Branch _____ (*) PAN NUMBER Application Date . . . Y Y Y Y

Personal Details

Prefix	Surname	First name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUEST FOR SVC INTERNATIONAL VISA DEBIT CARD

(Please ✓ whichever is applicable)

I / we wish to apply for a SVC International Visa Debit Card. NEW / REPLACEMENT / STOLEN / LOST / DAMAGED

Name to be Embossed on the Card :

Accounts to be linked to the SVC International Visa Debit Card :

	A/c Type	Scheme	A/c Number (CBS Account Number)	Branch
PRIMARY ACCOUNT *	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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* **Note:** Only Primary account can be accessed at other Bank ATM's / POS / On-line transactions.

UPGRADATION OF ATM CARD TO SVC INTERNATIONAL VISA DEBIT CARD

I / We wish to upgrade my/our existing ATM Card to SVC International Visa Debit Card

Linked Primary A/C: Branch :

I / We am/are fully aware that the primary account linked to ATM card and other linked accounts will remain the same for the SVC International Visa Debit card.

Note : Existing ATM card will be deactivated on 1st usage of SVC International Visa Debit Card at any SVC Bank ATM

ADD-ON SVC INTERNATIONAL VISA DEBIT CARD

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

Name to be Embossed on the Card :

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

Mailing Address

(* Mandatory Fields)

Address (*) :

Landmark :

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/our 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
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**