

APPLICATION FORM FOR SVC DEBIT CARD

(This information sheet will be kept strictly confidential)

Branch	(*) PAN Number Application Date D MM YYY	
REQUEST FOR SVC DEBIT CARD		
wish to apply for following type of Debit Card. NEW LOST DAMAGED SVC Visa Debit Card (Domestic use) SVC International Debit Card (Chip card) SVC Platinum Card SVC Business Debit Card		
(Please 3 whichever is applicab	vle)	
Name to be Embossed on the C	ard:	
Accounts to be linked to the SVC Debit Card :		
A	/c Type Scheme A/c Number (CBS Account Number) Branch	
PRIMARY ACCOUNT*		
SECONDARY ACCOUNT		
* NOTE : Only Primary account can be accessed at other Bank ATM's / POS / on line transactions.		
	UPGRADATION OF ATM CARD TO SVC DEBIT CARD	
I wish to upgrade my existing ATM card to SVC Visa Debit Card / SVC International		
Debit Card / SVC Platinum Card / SVC Business Debit Card / Rupay Card.		
Linked Primary Account : Branch :		
I am fully aware that the primary account linked to ATM card and other linked accounts will remain the same for the upgradated SVC debit card.		
# Note: Existing ATM card will be deactivated on 1st usage of SVC Debit Card at any SVC Bank ATM.		

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 :		
STD CODE Landline No.: 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 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 Exchan ge 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		
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 DD MM YYYYY		