

The Bharatpur Central Co-operative Bank.Ltd. Bharatpur

Branch MICR No.-----

Serial Number-----

ATM CARD APPLICATION FORM

(Please fill in block letters) (Please put (tick) in appropriate box)

To,

The Branch Manager,

BCCB----- Branch

Dear Sir,

I/We wish to apply for the ATM (Automated 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 :**

	D	D	M	M	Y	Y	Y	Y

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

RESIDENCE ADDRESS ()	OFFICE ADDRESS ()
PIN	PIN
TEL :	TEL :
MOB:	MOB:

FINANCIAL INFORMATION

4- **PRIMARY/SECONDARY 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 understood the terms and conditions of the ATM Card facility as annexed to this application. I/We authorize the Bank to contact 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 with drawals by me/us using the Card and also to recover the Bank's charges 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

FOR USE OF THE ISSUING BRANCH

Branch Application Sr. No.....

The details mentioned in the application form are verified by us and the application is sanctioned and forwarded to ATM Card Cell, Bharatpur for issuance of the Card.

Signature of Branch Manager. Seal of the Branch Name and Designation Date
Signature Code No.

TO BE FILLED IN BY ATM CARD ISSUING AUTHORITY

- 1- Application received-----/-----/-----/(dd/ mm/ yyyy)
- 2- ATM Card No.-----
- 3- Date of Issue-----/-----/-----/(dd/ mm/ yyyy)

Signature of Authored Official ATM Card Issuing Branch