



# THE ADARSH CO-OPERATIVE URBAN BANK LTD.,

# 1-251/1, MPR Complex, Phase - 1, IDA, Jeedimetla, Hyderabad-500 055, R.R. Dist., A.P.  
Phones: 23094422, 23191851, 23191852, Fax: 23098833

DATE

DD MM YYYY

## DEBIT CARD APPLICATION FORM

FOR SAVINGS BANK, CURRENT ACCOUNT, OD & SOD

### First Holder

I would like to link my following ADARSH BANK SB/CA/OD/SOD account to my Debit Card

Primary A/c Number: .....

Customer ID Number: ..... other A/c Number: .....

Full Name: ..... DOB: ..... Age: .....

Father/Husband Name : .....

Name as desired on the card : .....

Preference : Pin Based  Biometric  Both Pin based & Biometric

Present Address / Permanent Address and Phone Numbers :

### For Office Use only

Verified Customer ID

Verified Signature

Verified Photo

Captured Biometric Information

Charges Debited

Name of the verifying Officer : .....

Signature of the Officer : .....

Approval of Senior Manager for Issue of Card : .....

### Joint Holder

I would like to link my following ADARSH BANK SB/CA/OD/SOD account to my Debit Card

Primary A/c Number: .....

Customer ID Number: ..... other A/c Number: .....

Full Name: ..... DOB: ..... Age: .....

Father/Husband Name : .....

Name as desired on the card : .....

Preference : Pin Based  Biometric  Both Pin based & Biometric

Present Address / Permanent Address and Phone Numbers :

### For Office Use only

Verified Customer ID

Verified Signature

Verified Photo

Captured Biometric Information

Charges Debited

Name of the verifying Officer : .....

Signature of the Officer : .....

Approval of Senior Manager for Issue of Card : .....

### DECLARATION / DEBIT CARD UNDERTAKING

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) to operate all the accounts linked to the Debit Card(s) singly and that I/we have completed 18 Years of age. I/We understand that upon issue of a Debit card to me/us, the existing ATM Card linked to my/our accounts will be deactivated. I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Rules and Regulations and the amendments thereof stipulated by the Reserve Bank of India.

I/We accept full responsibility for my/our Debit Card and agree not to make any claims against ADARSH BANK, in respect thereof. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

#### First Holder

Passport size Photograph

Signature of First Holder (Please sign in BLACK)

Name :

#### Joint Holder

Passport size Photograph

Signature of Joint Holder (Please sign in BLACK)

Name :

Date of Issue of Card :  
Serial Number of the Card :  
PIN Mailer Cover Serial No. :

Acknowledgement of Receipt the Debit Card and having Accepted the Terms & Conditions

Signature of the First Card Holder

Date of Issue of Card :  
Serial Number of the Card :  
PIN Mailer Cover Serial No. :

Acknowledgement of Receipt the Debit Card and having Accepted the Terms & Conditions

Signature of the Joint Card Holder