The Maharashtra State Co-operative Bank Ltd, Mumbai

(Incorporating The Vidarbha Coop. Bank Ltd)

SCHEDULED BANK

Sir Vithaldas Thackersey Memorial Bldg, 9, Maharashtra Chamber of Commerce Lane, Fort, Mumbai 400001
Email : info@mscbank.com Website : www.mscbank.com Tel:(022)22876020 Fax: (022)22042484

Application Form For RuPay Debit Card

The Branch Manager,
_____ Branch,
_____

Date	
Branch Code	
Customer ID	
Application No	

Subject : **Request for Issuance / Re-issuance of the ATM Debit Card.**

Dear Sir,

I/we hereby wish to request yourself to issue me / us RuPay ATM Debit card. My / Our details are as given below.

(Please (√) in the required boxes.)

A) **PERSONAL INFORMATION:**

i) Name and Address of *Sole/First* Account Holder :

Mr.		Mrs.		Ms.		Gender	Male	Female
(Surname)		(First Name)		(Middle Name)				
Address :	Residence		Office		Given address should be KYC complied and registered with the Bank			
District							PIN	
Phone Nos.(Resi.)						Office		
Mobile No:						Mobile No:		
Email ID:								

(In case of Joint Account holders--)

ii) Name and Address of Second Account Holder :

Mr.		Mrs.		Ms.		Gender	Male	Female
(Surname)		(First Name)		(Middle Name)				
Address :	Residence		Office		Given address should be KYC complied and registered with the Bank			
District							PIN	
Phone Nos.(Resi.)						Office		
Mobile No:						Mobile No:		
Email ID:								

iii) Name and Address of Third Account Holder :

Mr.		Mrs.		Ms.		Gender	Male	Female
(Surname)		(First Name)		(Middle Name)				
Address :	Residence		Office		Given address should be KYC complied and registered with the Bank			
District							PIN	
Phone Nos.(Resi.)						Office		
Mobile No:						Mobile No:		
Email ID:								

iv) Designated Account for which ATM service is required :

a)	Primary Account :	CA				SB			
b)	Account No. :								
c)	Mode of Operation	Single		Either/ Survivor		Joint		Other (Pls Specify)	

B) **CARD DETAILS:**

i) Name as you would like it on the card

ii) Card Request:

New		Renewal		Lost / Stolen		Damaged	

iii) Previous Card No. (if any)

C) FACILITY REQUESTED :

i) a)	SMS Alert	Yes		No.	
b)	Mobile No. on which SMS to be sent				
ii) a)	Email Alert	Yes		No.	
b)	if yes Email ID				
iii)	SMS / Email Alert Charges to be debited to :				
CA		SB		A/C No.	

Please arrange to issue / reissue a card (charges will be levied as applicable) and card to be dispatched to (Please tick the appropriate box)

To my registered residence / office address	
To _____ Branch of MSCB (Please specify)	

Declaration:

- I/we am/are aware of the terms and conditions (overleaf), governing the use of the ATM Card and agree to abide by them.
- The Bank may call me / us at my / our residence / office in connection with my / our ATM transaction/s for which I/we have given my / our mobile no/s. and email IDs for contact.
- I/we also aware that the Bank would not incur any liability, in case my / our mobile no/s. and/ or email IDs are changed without prior notice to the Bank or if I/we have not registered my / our mobile no/s. and email IDs with the Bank as requested.

Customers Signature/s:

1) 2) 3)

Date									Place										

For Office Use Only:

To be completed by issuing branch								Application No.											
Link branch code :								KYC Complied		Yes				No					
Customer ID																			
Primary A/C	SB		CA																
Operations on account				Satisfactory								Unsatisfactory							
Registered mailing address			Resi.			Office				Correct				Incorrect					

Previous Card No. (if any)

Recommendation to issue ATM Card												Yes						No						

Remarks if any : _____

Checked by : Name _____ _____

Code No. _____ Branch Manager

Signature : _____ _____ Branch

Date : _____