

## ACBL Rupay ATM/DEBIT CARD APPLICATION FORM

Thank you for applying for the Arihant Bank ATM / Debit Card. To help us process your request quickly please fill this form as per the instructions overleaf. If you have questions, please check with your Branch official. We are committed to making your life simple with the Arihant Bank Rupay ATM / Debit CARDS.

						-					_	Da	ate :			/			/		
( Please write in BLOCK letters & tick ✔								which	never	ver is applicable ) A <sub>1</sub>					App	plication No. :					
New	Renewal				Replacement																
Name																					
Name to	be er	nboss	ed or	the o	card	(max.	. 18 c	harac	ters i	nclud	ling s	paces	s)								
Address																					
City														Pin	code						
Telephone										Mo	bile										
PAN No.												Gen	nder M		Male		Fer	male			
Date of I	Birth			/			/			Ema	ail:										
Account	to be	linke	d to t	he ca	rd					Ban	k Acc	count	No. (	12 di	git A,	/c No	.)				
Savings			Cur	rent																	
Type of .	ATM	Card	appli	ied fo	r	Rı	ınav	ATN	/I C111	n Del	bit Ca	ard									
Bank at it			etioi	WILI	lout a	arry ro	otice		e/us.												
1	1 <sup>st</sup> Applicant's Signature 2 <sup>nd</sup> Ap								plicant's Signature						3 <sup>rd</sup> Applicant's Signature						
								F	OR I	BAN	ΚU	SE									
New		Renewal Replacement							KYC Complied					d	Yes		No				
Customer Signature & Mode of Operation of Account V										Verifi	ed		Yes		No						
CIF No.													1	1			J				
Old ATM Card		JNIa								<u> </u>			<u> </u>								
						1															
Issue Ca	rd	Yes		No																	
Date :			1			/															
Date.			,														I	Branc	ch Offi	icial's	
* Manda	tory S	SMS r	egist	ratio	n for	ATM	I Car	d Ho	lders	•							Signature & Stamp				