



दी सैन्ट्रल को ऑपरेटिव बँक लि. भीलवाड़ा

Application Form for ATM/Debit Card

Branch _____ Date of Application _____

Name of Account Holder , Mr/Mrs./Ms _____

Mother's Name _____ Aadhar No. _____

Date of Birth _____ (DD/MM/YYYY) Mob. No. _____

Account No: _____ Account Type: SB/CA/OD

Address: _____

_____ Pin _____

I/We have read and understand the Terms and Conditions governing the usage of The Central Cooperative Bank Ltd. Bhilwara Debit Card. I/We accept to be bound by the said terms and conditions or any changes made therein from time to time by the Bank at its sole discretion without 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 singly.

Date :- _____ Signature of Applicant:- _____

Place :- _____ Signature of Second Applicant :- _____
(In case of joint account)

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(For Office use only)

S. No. _____

Balance in Saving/Current account:- _____ Rs.

Verified details of Fixed deposits and signatures of the account holder(s) as given above. Request accepted and issued ATM card no.

Date:- _____

Officer

Manager