

**Application for RuPay Debit Card**

I wish to apply for The Bhiwani Central Co-operative Bank Ltd RuPay Debit Card.

Name of the Branch

Account Type

Account Number

I have an ATM card no. (leave blank if not applicable)

issued to me

and linked to the account. I would like to link our savings account to the debit card also.

- I confirm that I have the required mandate to operate the account singly.
- I/We authorize The Bhiwani Central Co-operative Bank Ltd to issue a RuPay Debit card to me/us
- I/We understand that upon issue of a RuPay debit card to me/us, the existing ATM card of The Bhiwani Central Co-operative Bank Ltd standalone ATM if any, may be deactivated.
- I/We further unconditionally and irrevocably authorize my/our account annually for RuPay Debit Card fees/Charges.

The particulars are as under:

1. Name

Date of Birth

(DD / MM / YYYY)

Gender

Male ☐

Female ☐

Name as required on card

(Not to exceed 20 characters) (No Nicknames) (Please leave one blank space in between each name)

2. Residential Address

City

Pin Code

3. Office Address

City

Pin Code

Tel. No(O)

(R)

Mobile No.

E-Mail

Aadhar No.

Office ☐

Residence ☐

4. Preferred Address for Delivering RuPay Debit Card/Pin Mailer

**Declaration/RuPay Debit Card Undertaking**

I/We have received, read and understood the terms and conditions governing the usage of the RuPay 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 confirm that i am the sole account holder or have the required mandate to operate the account linked to the RuPay Debit Card singly and that I/We have completed 18 years of age. I/We understand that upon issue of RuPay Debit Card to me/us, the existing ATM card of The Bhiwani Central Co-operative Bank Ltd standalone ATM linked to my/our account will be deactivated.

I/we understand and undertake that the usage of the RuPay Debit Card shall be strictly in accordance with the Exchange Control regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by Reserve Bank of India from time to time.

I/We accept full responsibility for my/our RuPay Debit Card and agree not to make any claims against The Bhiwani Central Co-operative Bank Ltd in respect thereto.

(Applicant's Signature)

(Other Account Holder/s Signature)

Date:

Branch Name:

Branch Code:

**Reason For Issue**

New Card

Last Card

Damaged Card

Others

First

Joint

For use in Branch

Name of the Officer

Signature

Signature verified by

Eligibility verified by