



Shree Vardhman Sahakari Bank Ltd.

HEAD OFFICE :
Near Tarkeshwar Mahadev, Raopura, Vadodara - 390 001.

Phone : 0265-2410092/2437339, Fax : 0265-2414723 E-mail : shreevbsb@svsbl.in

To,
The Branch Head,
Shree Vardhman Sahakari Bank Ltd.
Branch :

Account Number:	
CID :	CKYC No. :

1. Name of Applicant : Mr./Mrs./Ms.

Address

Residential Address	Office Address
.....
.....
.....
.....
City PIN	City PIN

Address for communication: Residence / Office (Strike out which is not applicable)

Telephone Number : Mobile Number : (+91)

E-mail :

Shree Vardhman Sahakari Bank Ltd. - Debit Card

Name to be printed on the card (Not to exceed 18 characters. Leave one space between first / middle / last name.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth : / /

Name to be printed on for the additional cards in case of Joint accounts where operational clause is either or survivor:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth : / /

Please also link below mentioned accounts held with this branch to my Debit Card. Further I confirm that the following accounts are in the same capacity / constitution

Sr. No.	Account Number	Mode of Operation		Name of joint account holders
1.		<input type="radio"/> Single	<input type="radio"/> Anyone	
2.		<input type="radio"/> Single	<input type="radio"/> Anyone	
3.		<input type="radio"/> Single	<input type="radio"/> Anyone	

For linking accounts held with other branches, please submit separate request form at this branch or at the branch where the account is held once you have received the Debit Card.

Declarations

I/We have read the Terms & Conditions for providing the aforesaid service/s and I/We agree to abide by and bound by them as they are in force now and from time to time in force for such facilities. I/We request you to provide me the Card/User-ID, the initial password/PIN, which I/We will change immediately on receipt and also periodically for maintaining secrecy of my/our account level information. I/We undertake to keep the User-ID and PIN for the facility / (ies) confidential and shall not disclose the same to any third party. Further, I/We will be responsible for any disclosure of my/our PIN/Password or any account level information to any third party and the Bank shall not be held responsible for any loss/damage caused to me/us on account of such disclosure. I/We authorize you to debit my primary account toward any charges for availing the above facilities. I/We agree to receive any promotional campaign, greetings, Bank's product information or such other information as the Bank may deem fit to send on my/our mobile as SMS. Having given my/our consent to register for debit card, (applicable only in case customer opts for debit card), I/We agree to receive the status or such other information as the Bank may deem fit regarding my debit card on my/our mobile as SMS.

I/We shall be availing this facility/ies at my/our request without any liability, either expressed or implied to the Bank.

Date : / / 20

(Signature of Account Holder including Joint account holders)

For Office Use

Certified that			Facilities are	Name, Signature & Sign Code of official
Account number is	Mode of operation is	Signature is		
Correct <input type="checkbox"/>	Correct <input type="checkbox"/>	Correct <input type="checkbox"/>	Recommended <input type="checkbox"/>	
Incorrect <input type="checkbox"/>	Incorrect <input type="checkbox"/>	Incorrect <input type="checkbox"/>	Rejected <input type="checkbox"/>	

Data Files for Debit Card generated on : / / 20