

# Application Form - Add-on RuPay Debit Card



## Shree Vardhaman Sahakari Bank Ltd.

Platinum  Classic RuPay Debit Card

**Details of Add-on Applicant** Date : \_\_\_\_\_

\*Applicant Title  Mr.  Mrs.  Ms.  Dr. \*First Name

\*Middle Name

\*Date of Birth  \*Surname

Nat ionality  Resident Indian  Foreign Nat ional

Gender  M  F  T

\*Relat ionship with Primary Holder  Spouse  Son / Daughter (Over 18 Yrs.)  Brother / Sister (Over 18 Yrs.)  Parents

Address

Landmark

City  Pin Code  State

STD Code  Landline No.

Contact Number  E-mail ID

KCCB Bank Saving AC No.

**\*Details of the Primary Applicant**

\*Name  KCCB BANK DEBIT CARD No.

\*(as ment ioned on the Debit card)

**\*KYC document required** *(All Document need to be self attested by the Add on applicant)*

**ID document (Any one of the below)**

Copy of PAN Card / Valid Passport / Election  Copy of Photo Identity issued by Govt. Defense Service / Public Sector undertaking  Copy of Printed Ration Card with photograph of applicant

Copy of Photo Social Security Card (Smart Card) Issued by Central / State Government / AADHAR CARD  Copy of Valid Driving License

**Address Proof (Any one of the below)**

Copy of Valid Passport  Copy of Ration Card  Utility bill such as electricity/telephone/postpaid mobile bill/house maintenance bill/water bill / gas bill/latest property tax (Not more than 3 months old)

Copy of Government ID card with photo and address  Latest Copy of Bank Statement

**\*Declarat ion by Primary Applicant**

I have applied for additional card (available for Resident Indian spouse, brother, sister or child over 18 years of age) Further, I Agree that all communication pertaining to the Add-on cardholder shall be addressed to me. I understand and undertake that the usage of the KCCB Bank card shall be strictly in accordance with all applicable laws (Including without limitation to any government acts, orders, decrees, guidelines, rules and regulations and in the event of any failure to do so I will be liable for any action

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Primary Applicant Signature

**\* For Office Use Only**

CIF ID \_\_\_\_\_

Address & Customer Details verified

Officer Sign \_\_\_\_\_

ABM Sign \_\_\_\_\_

Date \_\_\_\_\_