झुंझुनू केन्द्रीय सहकारी बैंक लि., झुंझुनू

प्रधान कार्यालय, इन्दिरा नगर, झुंझुनू

फोन न. 01592—237366, 232658, 235725 फैक्स न. 01592—232213

<u>(ईडीपी एवं कम्प्यूटर अनुभाग)</u>

कमांक :—जेकेएसबी / फा.() / ईडीपी एवं कम्प्यू. / 2015–16 /

दिनांक :—

ATM CARD APPLICATION FORM

(Please fill in Block letters and Put (tick) in appropriate box)

To,

The Branch Manager,

Jhunjhunu Kendriya Sahakari Bank Ltd.

Branch.....

D

D

Dear Sir,

I/We wish to apply for the ATM (Automated Teller Machine) Card. The details are as under.

PERSONAL INFORMATION

1. NAME:

Account Holder Name	
Father's Name	
Mother's Name	
Spouse Name	

2. DATE OF BIRTH:

Μ	Μ	Y	Υ	Υ	Y

3. ADDRESS: (Please put (X) in the box below indicating your choice of address to which correspondence is to be sent) –

RESIDENCE ADDRESS ()	OFFICE ADDRESS ()
PIN	PIN
TEL.	TEL.
MOB.	MOB.

FINANCIAL INFORMATION

4. PRIMARY/SECONDARY ACCOUNT DETAILS (The Saving Bank or Current Account) for ATM Card

Туре	Account	: Туре	/No.			Balar	ice	Joi	nt Hol	lder's Name/s (if any)
PRIMARY										
5. PAN N	0.									

6. DOCUMENT FOR POSITIVE IDFNTIFICATION (Passport/Driving License/Identity Card/Voter's I-Card etc.)

Sr.No.	Issued By	No	Date of Issue	Date of Expiry

7. DECLARATION:

I/We declare that the above information is correct. I/We have read and understood the terms and conditions of the ATM Card Facility as annexed to this application. I/We authorize the Bank to contact my our employer or any source to obtain any further information that may be required. I/we hereby authorize the Bank to issue to me/us an ATM Card as requested and debit my/our above-mentioned Primary account for all withdrawals by me/us using the Card and also to recover the Bank's Charges/fees an applicable form time to time. Without prejudice to above. I/We accept the Bank's lien on my/our all deposits, present and future, held in the above-mentioned Primary Account.

AUTHORIZED SPECIMEN SIGNATURE/S

Sr.No.	A/C HOLDER NAME	SIGNATURE
1.		
2.		
3.		
4.		

Customer Details Verified by:

FOR USE OF THE ISSUING BRANCH

Branch Application Sr. No.....

ATM Card No.....

The Details mentioned in the application form are verified by us and the application is sanctioned and forwarded to ATM Card Cell, Jhunjhunu for issuance of the Card.

Signature of Branch Manager Name and Designation Date..... With Seal

TO BE FILLIED BY ATM CARD ISSUING AUTHORITY

- 1. Application Received on(dd/mm/yyyy)
- 2. ATM Card No.....

3. Date of Issue.....(dd/mm/yyyy)

Signature of Authorized Official ATM Cell