U.P. 60Padsx100 3/2020

THE UDAIPUR URBAN CO-OPERATIVE BANK LTD.

(Regd. Office : 1st Floor, 9C-A Madhuban, Udaipur - 313 004 (Raj.)

Application Form for Issuance of UUCB Rupay Debit Card

(For Savings Bank Account and Individual Current Accounts Holders Only)

To,
The Branch Manager

_____ Branch

I/We wish to apply for UUCB Rupay Debit Card. The terms and conditions mentioned by the Bank are acceptable to me/us.

Savings / Current A/c. Number : 7 8 6

First Holder's Name*# :

Date of Birth of Applicant : D D M M Y Y Y Y Mobile No. :

Name to be Printed on Card : PAN :

* If already a UUCB Rupay Debit Card Holder, Please mention Debit Card No. X X X X X X X X X X X X

PAN is Mandatory for issuance of Rupay Debit Card

Add on Card Holder's Name#$:

Date of Birth of Applicant : D D M M Y Y Y Y Mobile No. :

Name to be Printed on Card :

$Only Joint Account Holder can apply

Please leave space between First Name, Middle Name and Surname

Mode of Operation in Account

- ☐ Self
- ☐ AOS-Anyone or Survivor
- ☐ EOS-Either or Survivor
- ☐ FOS-Former or Survivor

Declaration :

- I/We declare that I/We have read and understood the document containing the "Terms & Conditions" and "Disclaimer" governing The Udaipur Urban Co-operative Bank Ltd. **User Guide for Rupay Debit Card** provided by the bank and I/We accept the same. Further I/We are responsible for maintenance of secrecy and confidentiality of the PIN (Personal Identification Number).
- I/We hereby authorize The Udaipur Urban Co-operative Bank Ltd. to issue Add on UUCB Rupay Debit Card to Joint Holder as mentioned above against our account with the Bank. All transactions arising from the use of the said card shall be binding on me/us, jointly and severally.
- I/We have the mandate from the other joint holders to operate the joint accounts mentioned above.

Date : D D M M Y Y Y Y

Signature of All Account Holders

Received Rupay Debit Card No. 6 0 7 7 1 2

Date : D D M M Y Y Y Y

Signature of Card Holder

For Office Use Only

Signature of customer, Mode of Operation of the Account and Mobile No. verified, charges levied, (as applicable) and hereby authorized to issue the Debit Card.

Average Balance (Last 06 Months) ₹ _____ Name of the Card Holder _____

Authorized Signatory (1)

CARD NO. 6 0 7 7 1 2 VALIDITY D D M M Y Y Y Y

DEBIT A/C. NO. 7 8 6

Authorized Signatory (2)