THE VISAKHAPATNAM COOPERATIVE BANK LTD.

(Regd. No. MSCS/CR/1101/2014) (MULTI STATE COOPERATIVE URBAN BANK)

Application Form For RUPAY DEBIT CARD

To
The Branch Manager, _____ Branch

I/We wish to apply for **RUPAY DEBIT CARD** facility of **The Visakhapatnam Cooperative Bank Ltd.**

Card Type : ☐ NEW ☐ RENEWAL ☐ REPLACEMENT

If Renewal / Replacement, Existing Card No. | | | | | | | | | | | | | | | | |

My Personal Details are as given below :

Full Name

Name to be displayed on Card

Address

City PIN Code

Tel. (Res.) Tel (Off) Fax

Mobile No. E-mail ID

Date of Birth D D M M Y Y Y Y Date of Anniversary D D M M Y Y Y Y

Mother's Maiden Name

Branch SB/CD/CC/OD A/c. No.

Additional Cards A/c.s to be linked with RuPay Card

Branch SB/CD/CC/OD A/c. No.

Branch SB/CD/CC/OD A/c. No.

SMS Alerts to Phone No.

DECLARATION :

I/We have read and accepted the "Terms & Conditions" displayed on "www.vcbl.in" which can be amended from time to time regarding the use of RuPay Debit Card. I/We accept and agree to be bound by the said "Terms & Conditons" limiting the Bank's liability. I/We understood that, the Bank may, at the absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time. I/We understand that all the operations effected through use of my/our RuPay Debit Card are binding on me/us.

Signature of the Account Holder

Signature of the Account Holder (For Joint Accounts only)

FOR OFFICE USE ONLY

Signature of the above Account Holder is verified and is as per the records. Eligibility, Mode of operation verified. KYC Complied. All above accounts and Mobile number are linked to Customer No. _____ Recommended to issue RuPay Debit Card.

Signature of the Branch Officer
Employee Code : _____

Branch Seal / Stamp

FOR HEAD OFFICE USE ONY

ISSUE CARD No. | | | | | | | | | | | | | | | | |

Issuing Officer Sign. :

Employee Code : _____