



# DHARMAVIR SAMBHAJI URBAN CO-OP. BANK LTD., PIMPRI CHINCHWAD

H. O. Shivdarshan Complex, 38, 1<sup>st</sup> Floor, Vinayak Nagar, New Sangvi, Pune- 411027.

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Branch \_\_\_\_\_

Form No. \_\_\_\_\_

## ATM CARD APPLICATION

Applicant (1)																				
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Surname First Name Middle Name

Phone No. (R) \_\_\_\_\_ (O) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Address \_\_\_\_\_ Customer ID 

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Email Address \_\_\_\_\_

Applicant (2)																				
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Surname First Name Middle Name

Phone No. (R) \_\_\_\_\_ (O) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Address \_\_\_\_\_ Customer ID 

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Email Address \_\_\_\_\_

Dear Sir, I / We request you to issue me/us an ATM Card linking to my/our following account/s

Account	Nature of A/c	A/c No.
Primary A/c		

Primary A/c should be from Savings or current category

Secondary A/c		
Secondary A/c		

Secondary account/s can be from savings /current/ Overdraft/

Operations

Single  Joint  Specific

ATM Facility is not available for joint accounts where the accounts are operated jointly by all the account holders.

Name (to be embossed on the card) 

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Including space not to exceed 19 characters

I/we hereby declare that the above information is true and correct. I/we clearly understand that all the operations effected through my/our own ATM Card at any of the ATM's installed by Dharmavir Sambhaji Bank and /or installed by other bank and permitted to be used by ATM Card holders of Dharmavir Sambhaji bank are binding on me/us. I/we have read and understood the terms and conditions governing the network operation of ATM card and I/we have agreed to the terms and conditions and also agree to abide by any amendments to the terms/conditions as may be stipulated by Dharmavir Sambhaji Bank from time to time.

I/we understand and undertake that the usage of the ATM card shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so. I/we will be laible for action under Foreign Exchange Management Act 1999, and the amendments thereof, stipulated by the Resever Bank of India, I/we understand that the bank may, at its 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 account for service cahrges as applicable from time to time. I /we accept full responsibility for my/our debit card and agree not to make any claims against Dharmavir Sambhaji Bank Ltd., Pune in respect thereto.

Signature/S ( In case of joint account, all the holders have to sign the application)

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2. 

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Date \_\_\_\_\_