



Application for RuPay Debit Card

I wish to apply for The Rewari Central Co-operative Bank Ltd, RuPay Debit Card. Name of the Branch _____

Account Type (SB/CA) _____ Account Number _____

I have an ATM card no. (leave blank if not applicable) _____ issued to me

and linked to the account. I would like to link our savings account to the debit card also.

- I confirm that I have the required mandate to operate the account singly.
- I/We authorize The Rewari Central Co-operative Bank Ltd, to issue a RuPay Debit card to me/us
- I/We understand that upon issue of a RuPay debit card to me/us, the existing ATM card of The Rewari Central Co-operative Bank Ltd, standalone ATM if any, may be deactivated.
- I/We further unconditionally and irrevocably authorize you my/our account annually for RuPay Debit Card fees/Charges.

The particulars are as under:

1. Name _____

Date of Birth _____ Gender Male ☐ Female ☐
(DD / MM / YYYY)

Name as required on card _____
(Not to exceed 20 characters) (No Nicknames) (Please leave one blank space in between each name)

2. Residential Address _____

City _____ Pin Code _____

3. Office Address _____

City _____ Pin Code _____

Tel. No. (O) _____ Res. _____

Mobile No. _____ E-Mail _____

4. Preferred Address for Delivering RuPay Debit Card/Pin Mailer : Office ☐ Residence ☐

Declaration/RuPay Debit Card Undertaking

I/We have received, read and understood the terms and conditions governing the usage of the RuPay Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank at its sole discretion without any notice to me/us. I confirm that I am the sole account holder or have the required mandate to operate the account linked to the RuPay Debit Card singly and that I/We have completed 18 years of age. I/We understand that upon issue of RuPay Debit Card to me/us, the existing ATM card of The Rewari Central Co-operative Bank Ltd, standalone ATM linked to my/our account will be deactivated.

I/we understand and undertake that the usage of the RuPay Debit Card shall be strictly in accordance with the Exchange Control regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by Reserve Bank of India from time to time.

I/We accept full responsibility for my/our RuPay Debit Card and agree not to make any claims against The Rewari Central Co-operative Bank Ltd, in respect thereof.

(Applicant's Signature)

(Other Account Holder/s Signature)

Date: _____ Branch Name: _____ Branch Code: _____

Reason For Issue

New Card
Last Card
Damaged Card
Others

First

Joint

For use in Branch

Name of the Officer

Signature

Signature verified by

Eligibility verified by