The Saraswat Co-operative Bank Ltd

Application form for Visa Debit card

(Individuals/Joint/Sole Proprietorship)

I wish to apply for Visa Debit Card. My details are as given below:

Personal Details

FULL NAME

FIRST NAME MIDDLE NAME SURNAME

CUSTOMER ID NO.

NAME TO BE EMBOSSED ON THE CARD

EXISTING ATM CARD NUMBER FOR SURRENDER TO THE BANK.

PRIMARY ACCOUNT NO. SB / CA (to be linked to Visa Debit card).

(Existing ATM card will be deactivated after 45 days from the date of issuance of the Visa Debit card).

Flat No_____ Wing_____ Building Name_____
Street_____ Area_____
Landmark_____ Location_____ (East / West)
City_____ Pin Code (6 digits)_____
Tel(Res)_____ Tel(Office)_____
Fax_____ Mobile Number_____

Declaration

I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I understand that the Bank may, at its absolute discretion, discontinue any of the service completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable for time to time

_____
SIGNATURE

Signature of the above account holder is verified and is as per our records.
(In case of joint account holders a mandate to be obtained from other account holders).

_____
(Name and Signature of the Branch Official)
With his / her employee code.

Branch Seal / Stamp.

The Saraswat Co-operative Bank Ltd

LETTER OF MANDATE FOR VISA DEBIT CARD

(Applicable for Joint Accounts)

To,
The Saraswat Co-operative Bank Limited,

Sir/Madam,
I/We,
_____
_____ the undersigned,
(All Account holders other than the first holder)
am/are the joint account holder(s) of Bank Account No. _____(the "said account/s") opened/established with The Saraswat Co-operative Bank Limited ("Sarawat Bank") along with _____ (name of the first holder). I/We hereby authorize _____(name of the first holder) to use the Visa Debit card on the said account(s) for and on my/our behalf.

I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Visa Debit card service of Saraswat Bank Limited, as displayed on the website www.saraswatbank.com, and that I/we agree to abide by them.

I/We hereby state that should I/we wish to revoke the above authorisation, I/we shall duly issue a letter of revocation (" the revocation letter") to Saraswat Bank in this regard. I/We hereby agree that until ten days after receipt of such revocation letter, the authorisation as aforestated shall hold good.
Yours faithfully,

Name : Name:
Signature_____Signature_____
(second holder) (third holder)

For Office use:
The details given above and Signatures are verified from the record.

Sign of the official

Branch

Designation

Employee No