



THE SEVA VIKAS CO-OP. BANK LTD.

H.o. : Seva Bhavan, Near Sadhu Vaswani Garden, Pimpri, Pune - 411 017.

Tel.: 27412289, 27414179 Fax : 020-27416237

ATM CARD APPLICATION

Please tick anyone of the following

New Card :

*Additional Card :

Replacement :

PHOTO

Old Card No. In case of Replacement Card :

Applicant

Capital Letters

Surname

First Name

Middle Name

Address

City

State

Pin No

Phone No.

(R) (O)

Cell No.

E-mail Address

Date of Birth

PAN No. :

DD MM YYYY

Dear Sir, I / We request you to issue me / us an ATM card linking to my / our following accounts.

Saving A/c

Branch

Scheme

Account Number

Current A/c

Branch

Scheme

Account Number

Name (to be embossed on the card) :

not exceeding 20 characters (including space)

I / We hereby declare that the above information is true and correct. I / We clearly understand that all the operations effected through my / our ATM Card at any of the ATMs installed by The Seva Vikas Co-op Bank Ltd. And/or installed by other Bank and permitted to be used by ATM card holders of The Seva Vikas Co-op Bank Ltd. 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 by any amendments to the terms and conditions as may be stipulated by The Seva Vikas Co-op Bank Ltd. From time to time.

Applicant Signature : _____

Date : _____

For Office Use Only

B
R
A
N
C
H

Branch : _____

Account details verified on _____

Forwarded to Back Office on _____

Verified by : Signature _____

Name _____

Designation / _____

Code No. _____

B
A
C
K
O
F
F
I
C
E

Date of Receipt : _____

Details entered on : _____

Details entered by : Signature : _____

Name : _____

Designation / : _____

Code No. _____

ATM Card Details Verified, Sent for manufacturing : YES No Remarks : _____

Signature

Name

Designation Code No.

Date