



VIMA KAMGAR CO-OPERATIVE BANK LTD.

"YOGAKSHEMA", Gr. Floor, J. B. Marg, Mumbai - 400 021.

Telephone : 2202 2226 / 27 Fax : 22027518

Email : atm@vimakamgarbank.com; Website : www.vimakamgarbank.com

BRANCH INWARD NO.

SR. NO.:

APPLICATION FOR THE ISSUE OF ATM / DEBIT CARD

SECTION (A) - PERSONAL INFORMATION

DATE OF APPLICATION BRANCH

(NOTE : Please fill the form in Capital Letters & Tick mark (✓) as applicable

NAME OF THE APPLICANT (AS TO BE EMBOSSED ON THE CARD)

ACCOUNT OPERATED BY : INDIVIDUAL / EITHER OR SURVIVOR / ANY ONE

ACCOUNT NUMBER SAVINGS

NAME OF A/C. HOLDER :
MALE / FEMALE

RESIDENTIAL ADDRESS OF THE APPLICANT

TEL. MOBILE E-MAIL

CARD REQUEST : NEW REPLACEMENT FOR STOLEN / LOST / DAMAGED CARD

PREVIOUS CARD NO. (if any) (ONLY)

SECTION (B) - DECLARATION & UNDERTAKING OF APPLICANT

I/We declare that all information provided above are true & correct. I/We have received a copy of terms & conditions and have read & accept & abide by the terms and conditions governing the operations / use of 'ATM CARD', the rules & Bye Laws of the Bank which are now in force or may hereafter come in force.

I/We request you to issue 'ATM CARD' in the name(s) mentioned above for accessing above referred Account(s).

Further, I undertook to compliance of KYC Update if not done attached PANCARD / Aadhar Card Copy & Photo Attached.

	Name/s	Signature/s
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

* FOR OFFICE USE ONLY *

NEW CARD NO.

APP. NO.

SECTION (C) - BRANCH VERIFICATION AND RECOMMENDATION

ACCOUNT TYPE : SAVINGS

DATE OF A/C. OPENING :

Recommended to issue ATM CARD

Application rejected

Checked by : Name :

Sign. :

Date :

Asstt. Gen. Manager / Sr. Manager / Manager
Branch