

# The District Co-operative Central Bank Ltd., Prakasam.

## Application Form for RUPAY Debit Card

Branch Name \_\_\_\_\_

Date of Application \_\_\_\_\_

Saving account no:

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Name (Person to whom card is to be issued)

Mr./Mrs./Ms \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's/Spouse Name \_\_\_\_\_

Name Desired on Debit Card \_\_\_\_\_

Address:

(O) \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Address:

(R) \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Tel.No. (R) \_\_\_\_\_ Tel.No. (O) \_\_\_\_\_

Mobile No \_\_\_\_\_ e-mail ID \_\_\_\_\_

I would like to receive my Card and PIN (Please tick one option)

- i) Residential Address.
- ii) Office Address.
- iii) Will collect personally from the Branch

**DECLARATION FOR RUPAY DEBIT CARD UNDERTAKING**

I/We have read and understood the Terms and Conditions governing the usage of DCC bank RUPAY Debit Card. I/We accept to be bound by the said terms and Conditions or to any changes made therein from time to time by the Bank at its sole discretion without notice to me/us. I/We confirm that I/We are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Debit card singly.

I/We accept full responsibility for my/our RUPAY Debit Card and agree not to make any claims against DCC bank, Prakasam in respect there to. I/we agree to provide any information from my/our account to DCC bank, Prakasam.

Date: \_\_\_\_\_

Signature of First Applicant: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of second Applicant: \_\_\_\_\_

(In case of joint Account)

(Debit Card is issued in joint accounts where mode of operation is either or survivor/ anyone or survivor. It is not issued to trust accounts and accounts having credit facility)

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**FOR BRANCH USE ONLY**

Saving account no:

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Card number:

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Acknowledgement: I acknowledge the receipt of new RUPAY ATM cum debit card under the same terms and conditions and authorize you to debit the requisite charges to my account.

**Signature of the Cardholder**

Applicant's signature has been verified with his/her signature on record in the designated account.

Name of the issuing/verifying Authority: \_\_\_\_\_

**Authorized Signatory**