



ಸರ್ ಎಂ. ವಿಶ್ವೇಶ್ವರಯ್ಯ ಕೋ-ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿಮಿಟೆಡ್

SIR M. VISVESVARAYA CO-OPERATIVE BANK LTD.

CORPORATE OFFICE : # 109, Shankarmutt Road, Shankarapuram, BANGALORE - 04.

Recent
Passport Size
Photograph

APPLICATION FOR VCB SMART CARD (ATM)

Branch Name :		Branch Code :	
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(For Bank use only)

Dear Sir,

I request you to issue me an **ATM Card** linking it to my/our account with you. The details are as follows :

NAME (block letters)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Father's Name	<input type="checkbox"/>	Resi.	
House No.		Off.	
Street/Cross/Main		Mobile	
Area		e-mail ID	
City		PAN	
Pin Code		Sex	Femate / Male
State/Nation		Date of birth :	

Account type	A/c. No.	Please tick the operation mode in the said a/c.		
		<input type="checkbox"/> Single	<input type="checkbox"/> Jointly	<input type="checkbox"/> Severally
Member	Yes / No	<input type="checkbox"/> Regular	<input type="checkbox"/> Associate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Request for	
(1) New Card <input type="checkbox"/>	(2) Replacement Card <input type="checkbox"/>
In case of replacement card, mention existing card no. which has been lost/damaged	
CARD NO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

I declare that the information given by me in this form is true, correct and completed in all respects. I have read the application & accept that the terms & conditions which are liable to be amended by Sir M. Visvesvaraya Co-operative Bank Limited from time to time. I further unconditionally and irrevocably authorise Sir M. Visvesvaraya Co-operative Bank Ltd. to debit any charges which I am liable for and I acknowledge that I will be fully liable for discharge of all obligations in respect of all transactions performed by me.

Date. :

SIGNATURE OF THE ACCOUNT HOLDER

FOR OFFICE USE

Card Number :	
Customer ID No. :	

Card Issued Date :	
Expiry Date :	

I/We recommend to issue the card to the applicant after going through all the relevant documents and formalities.

Junior/Senior Assistant

Asst./Deputy/Branch Manager

ACKNOWLEDGMENT

Hereby I acknowledge the receipt of my **VCB Smart Card of my SB / C.A NO.....**and accept the terms and conditions mentioned below.

Date :

Signature of the Account Holder

TERMS AND CONDITIONS

1. The **Card Ownership** remains with the Bank and should be surrendered to the Bank upon request.
2. The **Card is not transferable** and should be used only by the Cardholder.
3. Cardholder should maintain secrecy and should not disclose the **Personal identification** Number to any person.
4. All **Charges** pertaining to '**VCB Smart Card**' as determined by the Bank from time to time will be recovered by debiting the **Cardholder's account**.
5. The Cardholder shall go through the transaction statement from time to time to check the correctness. Any dispute in this regard shall be brought to the notice of the Bank authorities within 10 days, otherwise, the Cardholder should accept the Bank's record of transactions as final and binding for all purposes. The Cardholder shall in all circumstances accept full **responsibility for all transactions** processed by the use of the card, whether or not processed with the Cardholder's knowledge or by his/her authority, expressed or implied.

All transactions arising from the use of the Card to operate a designated joint account shall be binding on the all account holders, jointly and severally.

6. The Cardholder shall accept that the use of '**VCB Smart Card**' is subject to the, there being a minimum applicable **credit balance** in his/her Account.
7. The Cardholder should intimate the Bank immediately in case of loss or stolen to protect you from mis-use of '**VCB Smart Card**'.
8. The Cardholder shall submit the card to the Bank for cancellation of service or if the Card shall be withdrawn by the Bank for any reason whatsoever.
9. Modification of the terms and conditions without prior notice shall be at the sole discretion of the Bank.