DEBIT CARD APPLICATION FORM

FOR NRE SAVINGS BANK ACCOUNTS

(For Power of Attorney/Letter of Authority issued by the NRE account only)

Form Type DCAF3

Please fill the form in **BLOCK LETTERS** only. Fields marked * (star) are **MANDATORY**

Your Debit Card will be a chip card activated for Domestic Usage Only+

* NRE A/C Number

* Customer Identification No.

* POA/LOA Holder

* Mother's Maiden Name

* Date of Birth of the Applicant D D M M Y Y Y Y

Image Card Y N

Desired Image Code

* Name as desired on the Card

Maximum upto 18 characters, should not be a nickname.

NOMINATION DETAILS (FOR INSURANCE COVER) (Applicable only for Debit Card)

Name of the Nominee

Address

Date of Birth (If Minor) D D M M Y Y Y Y

Name of the guardian (If Minor)

DECLARATION / DEBIT CARD UNDERTAKING

I/We have read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made herein from time to time by the Bank, at the sole discretion without any notice to me/us. I/We confirm that we are the sole account holder(s) and have issued the required mandate to the above person to operate all accounts linked to Domestic Debit Card(s) singly. I/We understand that upon issuance of a Debit Card to the above POA/LOA holder, I/We undertake to ratify all transactions put through the above account using the said Domestic Debit Card, and hold the Bank indemnified against any claims arising out of such transactions.

Please mail this Domestic Chip Card and PIN to the POA/LOA holder's communication address#

Signature of Account Holder(s)

Name_____

Signature of Account Holder(s)

Name_____

I confirm that I am the Power of Attorney/Letter of Authority holder to the above NRE account who is authorized to operate the Domestic Debit Card. I shall hold the Bank indemnified against all the claims that may arise out of my using Domestic Debit Card.

POA / LOA Holder

Please paste Passport Size colour Photograph here

POA / LOA Holder

Signature of POA / LOA (Please Sign in Black)

Name_____

For Office Use:

Branch Name_____ Branch Code: Date: D D M M Y Y

DECLARATION / DEBIT CARD UNDERTAKING

Signature of customer and Mode of Operation of the Account(s) verified, charges levied (for third card/replacement card only) and hereby authorised to issue the Debit Card

Name of the Verifying Authority

REASON FOR ISSUE	FIRST	JOINT
New Card		
Lost Card		
Damaged Card		
Others		

CROSS SELL ID

BIN Number

First

Joint

SIGNATURE OF THE VERIFYING AUTHORITY

S. S. Number :_____

Date :_____

Form made fillable by Karvitt.com

In case of more than two cards, please use an additional application form, charges applicable.

+ Applicable only to Prime saving and Salary (including NRE Prime and NRE Salary) Account schemes

Charges as applicable at the time of issuance

This form is processed through automated system. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

V1DCAF3_13/08/2015

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