



ISO 9001:2015 Certified Class I Super Grade

Application Form for Debit Card

Branch Name _____

Date of Application _____

Name (Person to whom card is to be issued)

Mr. /Mrs. /Ms _____

Date of Birth _____

Father's/Spouse Name _____

Address:

(P) _____

Pin _____ Tel. No. (R) _____

Tel. No. (O) _____

Mobile No _____ e-mail ID _____

Details of Primary Account Number:-

Nomination details

Name of the Nominee _____ Relationship _____

If nominee is minor Date of Birth _____

Name of the Guardian _____

DECLARATION FOR DEBIT CARD UNDERTAKING

I/We have read and understood the Terms and Conditions governing the usage of Okkal Service Co-operative Bank 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 Debit Card and agree not to make any claims against Okkal Service Co-operative Bank in respect there to. I/we agree to provide any information from my/our account to Okkal Service Co-operative Bank.

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)

FOR BRANCH USE ONLY

Address, signature of Customer and Mode of Operation of the account(s) verified in our system. The conduct of the account during the last six months is satisfactory/It is a New Account. We hereby issue the Debit Card.

Card Number : _____

Signature of the Issuing / verifying Authority: _____

Name of the issuing /verifying Authority: _____

SB A/C _____

Date: _____

Branch: _____