MSBL - 309

# THE MALAD SAHAKARI BANK LIMITED

Central Office : 6, Sujata Niketan, Ranisati Marg, Malad (E), Mumbai - 400 097.
Tel. No.: 2883 8636 / 2880 8551 | Email : it@maladbank.com | Website : www.maladbank.com

Estd : 1976

## APPLICATION FOR THE ATM CARD / NEW PIN

**Date of Application :** ☐☐☐☐☐☐☐☐ (D D M M Y Y Y Y)

**Name of the Branch** ☐☐☐☐☐☐☐☐☐☐ **No.** ☐☐☐

**Customer ID :** ☐☐☐☐☐☐☐☐☐☐

(Note : Please fill the form in capital letter and Tick (✓) as applicable)

Name of the applicant as to be Embossed on the card

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Request New ☐ Lost/Stolen ☐ Damaged ☐

Add on ☐ Expiry ☐ Pin Forgotten (for New PIN only) ☐

Previous Card No. If Any ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type Saving ☐ Current ☐ CC/OD ☐ Account No. ☐☐☐☐☐☐☐☐☐☐

Name (s) of Account Holder(s)

(1) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Male ☐ Female ☐

(2) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Male ☐ Female ☐

(3) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Male ☐ Female ☐

Residential Address

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Office Address:

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Tel (O).: ☐☐☐☐☐☐☐☐☐☐ Mobile: ☐☐☐☐☐☐☐☐☐☐ Fax : ☐☐☐☐☐☐☐☐☐☐

(R) : ☐☐☐☐☐☐☐☐☐☐ Email: ☐☐☐☐☐☐☐☐☐☐

MANDATE FOR ACCOUNT OPERATIONS ☐ Single (Self-Operated) ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor ☐ Jointly by all ☐ Others

## Declaration & Undertaking of Applicant

**To be filled in case of Joint A/C.**

I/We have no objection to issue ATM CARD to ---------- (Name of JT A/C Holder. Operating ATM CARD) and agree to give unconditional consent and accept terms & conditions for the usage of the ATM CARD and shall be liable for all such transaction carried out by aforesaid Joint Holder using ATM CARD

I/We declare that all information provided above are true and correct. I/We have received the copy of term and conditions and have read and accept and abide by the terms and conditions governing the operation/use of **'ATM CARD'** and to any amendments there of.

I/We request you to issue **'ATM CARD'** in the name mentioned above for accessing above referred account

| Name(s) | Signature/s |
|---|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

**FOR BANKS USE ONLY**

Branch:

**To be completed by issuing Branch**

**Date of A/c. Opening : ___ / ____/_____** Customer Id : | | | | | | | | |

Saving ☐ Current ☐ Account No.: | | | | | | | | | | | | | | | | |

Conduct of Account Satisfactory ☐ Non Satisfactory ☐

Average cash withdrawal (monthly) No. of withdrawal ☐ Amount ☐

In case of application by a Joint Account, Whether any of the Joint Account Holder is Already having ATM CARD for the same Account Yes ☐ No ☐

If yes previous Card No. | | | | | | | | | | | | | | | | |

RECOMMENDED TO ISSUE ATM CARD ☐ APPLICATION REJECTED ☐

KYC is updated in CBS mandatory ☐

(**Note :** KYC is mandatory for ATM user and all KYC Related Data must be updated in CBS system.)

**Office Use**

Certified that Signature of the Accountholder/s is/are as per Records and KYC for account has been completed and recommended for ATM Card.

Office/Br-Incharge/Br. Manager
Signature

Remark If Any : _____

Checked by : Name : _____

Sign : _____

Date : _____

Manager

_____ Branch

**CARD INFORMATION**

CARD NO. | | | | | | | | | | | | | | | | |

VALID UP TO | | | | |

Checked By : Name : _____

Sign : _____

Date : _____

**ACKNOWLEDGEMENT**

I CONFIRM RECEIVING MY ATM CARD

Name of Card Holder _____

Signature of Card Holder _____ Date : _____