

# ATM / Debit Card Application Form



(KINDLY FILL ALL DETAILS IN BLOCK LETTERS)

I/We maintain the below current account with your bank where in the operation mandate is singly and wish to avail ATM / Debit Card on this account for the following authorised signatory(s).

Customer ID Number :

☐ New Card

Account Number :

☐ Renewal / Replacement

Please tick your choice : ☐ Domestic ☐ International

**ATM / Debit Card to be Issued to** (Name to fit, not more than 20 characters including blank space)

Name of the Authorized Signatory (as to appear on ATM / Debit Card)	PAN Number	Date of Birth	Mobile No.	Withdrawal Limit
1) <input type="text"/> email : <input type="text"/>				
2) <input type="text"/> email : <input type="text"/>				
3) <input type="text"/> email : <input type="text"/>				
4) <input type="text"/> email : <input type="text"/>				
5) <input type="text"/> email : <input type="text"/>				

**Declaration:** I/We confirm that all information given in this application form is true/correct/complete and up to date, and can be used for your office records, in all respect and I/we have not withheld any information. I/We shall be held responsible for the same at all times if it is incorrect. I/We confirm having read and understood the terms & conditions of the bank including but not limited to the bank's tariff regarding the operation/conduct of the accounts/deposits and pertaining to phone banking, ATM/Debit Card, doorstep banking, internet banking and electronic banking facilities (collectively called "the said banking facilities") and agree to be bound and abide by them/any other rules that may be in force from time to time. I/We agree and understand that the Bank reserves the right to reject any application for the said banking facilities without providing any reason. I/We undertake to strictly operate and use the account and the said banking facilities in accordance with the exchange control regulations as laid down by Reserve Bank of India (RBI) or any other authority from time to time. I/We are aware of Charges/fees applicable for the said facility. The terms and conditions for the said banking facility will be in addition and not in derogation of the terms and conditions relating to the conduct of the my/our above-mentioned Account.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature	Signature	Signature

1st Authorized Signatory

2nd Authorized Signatory

3rd Authorized Signatory

4th Authorized Signatory

5th Authorized Signatory

Please send the duly filled up form to your DBS branch

## FOR OFFICE USE

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

Reason For issue	First	Second	Third
New Card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost Card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged Card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NAME OF THE VERIFYING AUTHORITY



Signature

SIGNATURE OF THE VERIFYING AUTHORITY

Date of Issue:

Card to be Issued	<input type="radio"/> Business	<input type="radio"/> Business Advance	<input type="radio"/> Signature
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