

ATM / Debit Card Application Form

(Non Resident Individuals)



Live more,
Bank less

(KINDLY FILL ALL DETAILS IN BLOCK LETTERS)

I/We maintain the following savings / current account where the operation mandate with your bank is either as sole account holder or 'Either or Survivor' or 'Anyone or Survivor' and I/We wish to avail ATM / Debit Card for operating this account.

Section A :
(Issuance ATM / Debit card)

Type of Account : NRE NRO (cards issued to NRO A/c is for usage in India only)
(Please submit a separate form for NRE & NRO A/c)

Primary Account No :

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

Name to appear on ATM / Debit Card

1st Account holder : Customer ID No:
 2nd Account holder : Customer ID No:
 3rd Account holder : Customer ID No:

Section B :
(Delinking of Accounts)

All your accounts with the Bank shall be automatically linked to your Debit Card unless the accounts to be delinked are specified by you below. I/We request you not to link the following accounts to my/our Debit Card (s)

ATM / Debit Card Number 1 :

ATM / Debit Card Number 2 :

ATM / Debit Card Number 3 :

Accounts not to be Linked

Accounts not to be Linked 1 :

Accounts not to be Linked 2 :

Accounts not to be Linked 3 :

Declaration: I/We confirm that all information given in this application form is true/correct/complete and up to date 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. I/We confirm and understand that all my/our accounts with the Bank shall be automatically linked to my/our Debit Card unless instructions for delinking my/our account have been given in a form acceptable to the Bank.

Signature***	Signature***	Signature***
1st Applicant Name	2nd Applicant Name	3rd Applicant Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 /ATMCard.

NAME OF THE VERIFYING AUTHORITY

Reason For issue	First	Joint 1	Joint 2
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"/>

Signature***

SIGNATURE OF THE VERIFYING AUTHORITY

Date of Issue: _____

Card to be Issued Treasures Non Treasures