



INTERNATIONAL EMV (CHIP) DEBIT CARD APPLICATION FORM

To
The Branch Manager

A. I hold the account no.

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with your branch in my sole name/ Jointly with

to be operated on Either or Survivor / Anyone or Survivor basis. I have been issued a domestic Debit card bearing the number

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/ have not been issued any debit card (Strike out as applicable). I hereby apply for an International Debit card for my use. I authorize you to block the domestic debit card upon my first usage of the international debit card. I am aware that International card can be used in India and abroad.

B. My name on the card should appear as under [This can be full name (not exceeding maximum 24 letters), or an abbreviated form of the name of the applicant for example, Bharat Kumar can appear as Bharat Kumar, B. Kumar or K.Bharat]

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I am aware that the International Card can be used for all domestic transactions and transactions involving foreign exchange permitted under the FEMA Act and rules framed there under by RBI from time to time. I undertake to use the card in strict compliance with the applicable Exchange Control/ Management Regulations and any violation thereof will result in cancellation of the card and make me liable under relevant provision of the Act/ Regulations. I also undertake to furnish all the details in respect of any transaction entered into by me to facilitate any investigation.

C. E-COMMERCE YES NO

E Commerce Consent

I Understand that as per RBI directive, all debit card will be enabled only for domestic ATM and Domestic POS transactions and That E Commerce transaction through debit card will be activated by the bank only upon specific request of the card holder. I hereby offer my explicit consent to the bank to enable E Commerce transaction through my debit card

I hereby authorize you to recover from my account the cost of the card and all other fees which may be payable by KVB to MasterCard / VISA (other than transaction fee) for additional services rendered by them. (Example lost/ stolen card).

Place:

(Signature of Applicant)

Date:

Name	
Address	
Telephone Number	
Mobile Number	
Email Id	

OFFICE USE

Account particulars & signature of Applicant & mode of operation verified.

Request for issue of International (EMV CHIP) Debit Card approved/declined for the reason

Date:

BRANCH HEAD / DEPUTY MANAGER