	Branch	
	Application No.	
	Date	

“KVB Arogya Card Application Form

To

The Branch Manager, _____ Branch

Karur Vysya Bank Limited.

Please issue KVB Arogya Card against the Term Deposit Number _____ opened at _____ branch. I/We hereby agree to abide by the terms and conditions of the bank governing the KVB Arogya Card to be issued.

Name of the customer :	Customer ID	Signature

Term Deposit Number :	Amount:	Maturity
Date:		
Savings Account Number:		
<u>Settlement Instruction for claim</u>		
Overdraft against TD		
(Please see overleaf for terms and conditions relating to KVB Arogya Card Cashless Hospitalization)		

Standing Instructions:

I/ We authorize Karur Vysya Bank to open overdraft (OD) account against the above said Term Deposit and debit the OD account for settling the Hospitalized Claim initiated by me by way of KVB Arogya Card.

Signature of the Applicant

Terms and conditions on KVB Arogya Card:

1. This Arogya Card program would be launched by KVB in association with Vidal Health Insurance TPA Pvt Ltd.
2. The maximum amount that would be settled in case of hospital claim through Arogya Card would be to the extent of 90% of the Term Deposit balance (earmarked for this purpose)
3. The rate of interest on the overdraft account will be 2% above the contracted rate of interest for fixed deposit
4. Applicant can continue the FD after repayment of availed OD at any point of time during the tenor of the FD.
5. The card has to be surrendered in case of nil balance in Term Deposit as a result of claim / in case of Term Deposit preclosed / closed by the applicant
6. I undertake not to make any claim against the Bank for discrepancies in the Hospital Billing.
7. I undertake not to make any claim against the Bank for consequences arising out of unauthorized use/ misuse/abuse of the card.

Note: Any modification to the terms and conditions will be conveyed through our official website / branch notice board from time to time.

I / We adhere to the terms and conditions of Arogya Card.

Signature of the Applicant

Other Terms:


- The Card is not covered any Health Insurance Facility and will be issued based on the existing Term Deposit of the applicant with the bank.
- In case of pre closure of Term Deposit in future, the applicant has to surrender the card before placing pre-closure request for the Term Deposit in the name of the applicant.

FOR BANK USE

I hereby declare that this application form furnished by the applicant is fulfilling the required criteria . I authorize for issuance of KVB Arogya card

SIGNATURE OF THE MANAGER/OFFICER

Date:

	Acknowledgement for the KVB Arogya card Application (to be returned to the customer after completion of application form duly filled)	
Name of the Customer		
Term Deposit number : Amount:	Registered on :	For The Karur Vysya Bank Ltd Manager