

APPLICATION FOR ATM DEBIT CARD
(For New and Existing Accounts)

M-341

 Karur Vysya Bank <i>Smart way to bank</i>	ALTERNATE CHANNEL CELL 388/1 UFFIZI COMPLEX - FIRST FLOOR AVINASHI ROAD, PEELAMEDU COIMBATORE 641004
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NAME OF THE BRANCH		BRANCH CODE		CUSTOMER ID		DATE	
ACCOUNT NUMBER							
NAME OF THE ACCOUNT :							
#NAME TO BE PRINTED ON THE CARD:							
CARD BRAND: RUPAY <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/>							
E-COMMERCE <input type="checkbox"/> YES <input type="checkbox"/> NO							
PHOTO CARD <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE OF BIRTH			
DETAILS FOR ADD ON CARD <input type="checkbox"/> JOINT ACCOUNT HOLDER <input type="checkbox"/>							
RELATIONSHIP WITH ACCOUNT HOLDER :							
#NAME TO BE PRINTED ON THE CARD:							
CUSTOMER ID :							
DATE OF BIRTH :				EMAIL :		MOBILE:	
ADDRESS						AFFIX STAMP SIZE PHOTO HERE	
Declaration : I have read and accepted the terms and conditions* (a copy of which I am in possession of) governing the opening of an accountwith KVB and those relating to various services of Debit Card includ ing but not limited to (a) ATM (b) POS Terminals. (c) E COMMERCE							
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							
Customer's Signature				Officer/Manager's Signature Date:			

*Branch may please ref frs.com

In whose name the card is to be issued