



# THE CHURU CENTRAL CO-OPERATIVE BANK LTD. CHURU

Head Office : Near Dharm Stoop, Bissau Road  
CHURU-331001 (Raj.)

Branch MICR No.....

Serial No.....

## ATM CARD APPLICATION FORM

To, (Please fill in block Letters) (Please put (tick) in appropriate box)

The Branch Manager,

The Churu Central Co-Operative Bank Ltd.

.....Branch

Dear Sir,

I/We wish to apply for the ATM (Automated Teller Machine) Card The details are as under

(1) NAME :

### PERSONAL INFORMATION

Account Holder Name	
Father's Name	
Mother's Name	
Spouse Name	

(1) DATE OF BIRTH :      **D D**      **M M**      **Y Y Y Y**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(3) ADDRESS : (Please put (X) in the box below indicating your of address to which correspondence is to be sent)

RESIDENCE ADDRESS ( )		OFFICE ADDRESS ( )	
PIN		PIN	
TEL :		TEL :	
MOB :		MOB :	

### FINANCIAL INFORMATION

(4) PRIMERY /SECONDARY ACCOUNT DETAILS (the Saving Bank or Current Account) for ATM Card

Type	SB/CD	Account No	Balance	Joint Holder's Name's (if any)
PRIMARY		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

(5) PAN NO.

(6) DOCUMENT FOR POSITIVE IDENTIFICATION (Passport/Driving Licence/Identity Card /Voter'S I-Card etc.)

Sr. No.	Issued By	No.	Date Of Issue	Date Of Expiry

**(7) DECLARATION**

I/We declare that the above information is correct. I/We have read and understood the terms and conditions of the ATM Card Facility as annexed to this application. I/We authorize the Bank to contact my/our employer or any source to obtain any further information that may be required. I/We here by authorize the Bank to issue to me/us an ATM Card as requested and debit my/our above mentioned Primary account for all withdrawals by me/us using the Card and also to recover the Bank's charges /fees as applicable from time to time Without prejudice to above. I/We accept the Bank's lien on my/our all deposits, present and future, held in the above mentioned Primary Account.

**AUTHORIZED SPECIMEN SIGNATURE**

S. No.	A/C HOLDER NAME	SIGNATURE
1.		
2.		
3.		
4.		

Customer details verified by :

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**FOR USE OF THE ISSUING BRANCH**

Branch Application Sr. No.....

The details mentioned in the application are verified by us and the application is sanctioned and forwarded to ATM Card Cell CHURU for issuance of the Card.

Signature of Branch Branch Manager  
Signature Code No.

Seal of the Branch

Name and Designation

Date

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**TO BE FILLED IN BY ATM CARD ISSUING AUTHORITY**

1. Application Received on : ...../...../ (dd/mm/yyyy)
2. ATM Card No.....
3. Date of Issue : ...../...../..... (dd/mm/yyyy)

Signature of Authorised Official ATM Card Issuing Branch.