

ગુજરાત ગ્રામીણ બેંક GUJARAT GRAMIN BANK

(Sponsored & Wholly owned by Govt. of India, Govt. of Gujarat & Bank of Baroda)

Application form for GUJARAT GRAMIN BANK DEBIT CARD (RuPay)

I wish to apply for Gujarat Gramin Bank Debit Card (RuPay)

(Use separate form for each account holder)

Name of Branch

My / Our Account Type Account Number

I have an ATM Card No. (Leave blank if not applicable)

issued to

me and linked to this account. I would like to link our savings account to the Debit Card Also

conform that I have the required mandate to operate the account singly.

/We authorize Gujarat Gramin Bank to issue a Debit cum ATM card to me / us.

/We understand that upon issue of a debit card to me/us. The existing ATM Card of Gujarat Gramin Bank's stand alone ATM if any may be deactivated.

/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees / charges.

The Particulars as under :

1. Name

Surname

First Name

Middle Name

Date of Birth

(DD)

(MM)

(YYYY)

Gender

 M F

Name as required on card

2. Residential Address

City

Pincode

3. Official Address

City

Pincode

Tel. No. (O)

(R)

Mobile Nom

E-mail :

4. Preferred address for delivering Debit Card : Office Residence

DECLARATION / DEBIT CARD UNDERSTAKING

I/We have received read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to rebound by the said terms and conditions and to any changes made therein from time to time by the Bank at its sole discretion without any notice to me/us. I confirm that I am the sole account holder or have the required mandate to operate the account linked to the Debit Card singly and that I/We have completed 10 years of age. I/We understand that upon Issue of Debit Card to me/us the existing ATM Card of Gujarat Gramin Bank's standalone ATM linked to my/our account will be deactivated.

I/We understand that undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so. I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments the *** stipulated by Reserve Bank of India from time to time.

I/We accept full responsibility for my/our Debit Card and agree not to make any changes against Gujarat Gramin Bank in respect them.

(Applicant's Signature)

(Other Account Holder's Signature)

(in case of grant account holders all account holders shall put their signature)

Date :

Branch Code

For use in the branch	Name of the Officer	Signature
Signature Verified by		
Eligibility Verified by		