



# M.S.CO-OPERATIVE BANK LIMITED

Head Office: M S PLAZA ABHILASHA CHAR RASTA NEW SAMA ROAD

NIZAMPURA VADODARA PIN CODE: 390024 GUJARAT

Phone No: 0265-2713433/34/35 Fax No: 0265-2713433 E-mail id: [ho@mscбанк.co.in](mailto:ho@mscбанк.co.in)

## Application Form for RuPaY Debit Card / UPI

(APPLICATION FILL-UP IN CAPITAL LETTER ONLY)

Branch Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Name (Person to whom card is to be issued) CLIENT ID: \_\_\_\_\_

Account Number:- \_\_\_\_\_

Mr./Mrs./Ms \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's/Spouse Name \_\_\_\_\_

Name Desired on Debit card \_\_\_\_\_

(18 CHARACTOR ONLY)

Address:  
(R) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Address:  
(O) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Tel. No. (R) \_\_\_\_\_ Tel. No. (O) \_\_\_\_\_

Mobile No \_\_\_\_\_ (SMS ALERT)

E-mail ID \_\_\_\_\_

Client ID : \_\_\_\_\_

I would like to receive my Card and PIN Mailer at (Please tick one option)

i) Residential Address.

ii) Office Address.

iii) Will collect personally from the Branch

Nomination details :

Name of the Nominee \_\_\_\_\_

Relationship \_\_\_\_\_

If nominee is minor Date of Birth \_\_\_\_\_



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Name of the Guardian:

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## DECLARATION FOR DEBIT CARD UNDERTAKING / UPI TRANSACTIONS

I/We have read and understood the Terms and Conditions governing the usage of RuPaY Debit Card of M.S.CO-OPERATIVE BANK LTD. I/We accept to be bound by the said terms and Conditions or to any changes made therein from time to time by the Bank at its sole discretion without notice to me/us. I/We confirm that I/We are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Debit card singly.

I/We accept full responsibility for my/our Debit Card /UPI System and agree not to make any claims against M.S.CO-OPERATIVE BANK LTD in respect there to. I/we agree to provide any information from my/our account to M.S.CO-OPERATIVE BANK LTD.

Date: \_\_\_\_\_ Signature of First Applicant: \_\_\_\_\_

Place: \_\_\_\_\_ Signature of second Applicant: \_\_\_\_\_

(In case of joint Account)

(RuPaY Debit Card is issued in joint accounts where mode of operation is either or survivor/anyone or survivor.)

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### FOR BRANCH USE ONLY

Address, signature of Customer and Mode of Operation of the account(s) verified in system. The conduct of the account during the last six months is satisfactory/it is a New Account. We hereby issue the Debit Card.

Card Reference Number: \_\_\_\_\_

Signature of the Issuing / verifying Authority:

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Name of the issuing /verifying Authority:

User ID \_\_\_\_\_

Date : \_\_\_\_\_

Branch: \_\_\_\_\_