

THE VARACHHA CO-OP BANK LTD., SURAT

APPLICATION FORM FOR BLOCK OF ATM/DEBIT CARD

											D	ate:		_ /	_ /_		
To, The Branch Man	ager, Brai	nah															
Dear Sir,	Dra	псп															
Dear Sir,																	
I would like you to	o BLO	CK m	y Deb	it/AT	M Ca	ırd.											
A/C NAME:																	
ACCOUNT NO:																	
CARD NO:																	
MOBILE NO:																	
Please tick appro	priate	box.															
		Mispla other re			ot list	ing											
Please Specify								-									
I understand I authorize the Bar Block card can no Customer Reside	nk to c t be re	lebit fr voke b	om m									f AT	`M/I	Debi	t car	rd, w	hich
												— Cu	ıstor	mer's	 s sig	natu	 re
(First applicant)		(Seco	nd app	olican	t)	(Γhire	d ap	pli	can	<u>t)</u>						
Signature verified and	d allowe	d for re	quire	For 1	Bank	Use	On									. 	
Authorised	Brand	ch Off	icer Si	 ign					R	 ran		Ma	 nago	er S	 ign		