Wardhaman Urban Co-operative Bank Ltd., Nagpur

(Regn.No.: NGP/C.T./Y-1/B.N.K./0/311/99 Dated :9-2-99)
H.O. & Main Branch : 73-C, Sewasadan Square, Central Avenue, Nagpur-440 018.
Ph : 0712-2778347,2725535,2735270,2720606,2725522, Fax : 2778347

Application Form for the RuPay Debit / ATM Card
(Service available for Individual / Joint Account Holders / Sole Proprietorship only/OD against FD)

To, Date :
The Manager,
_____Branch

I wish to apply for the Rupay Debit / ATM Card facilities of Wardhaman Urban Co-Operative Bank Ltd. **My Personal Details are as given below :**

Full Name :	
Address :	
City	PIN Code

Account Type		**Account Number**																

Mobile Number											**Email ID**	

Aadhar Card													**PAN Card**										

Declaration:

I have read and accepted the "Terms and Conditions" displaced on **www.wardhamanbank.com** which can be amended from time to time regarding the use of RuPay Card. I accept and agree to be bound by the said "Terms and Conditions" limiting the Bank's liability. I understand that the Bank may, at the absolute discretion, discontinue any of the service completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable for time to time. I understand that all the operations effected through use of RuPay Card are binding on me.

SIGNATURE OF THE ACCOUNT HOLDER Date :

For Office use only

Signature of the above account holder is verified and is as per the records. Mode of operation verified. KYC complied.
All above accounts & mobile no. are linked to Customer No. : _____

Recommended to issue RuPay Card (In case of joint account holders a separate mandate is to be obtained from other account holders).

(Name and signature of the Branch officer) Branch Seal/Stamp:
Date :