Debit Card Application Form

For Saving Bank (Resident)
Current Account (Individuals Only)

Subhadra
Local Area Bank Ltd
The new dependability

Please fill the form in **BLOCK LETTERS** only. Fields marked * (star) are **MANDATORY**

FIRST HOLDER Please issue ☐ Default# ☐ ATM Card

Your Debit card will be a chip card activated for Domestic Usage

Deactivation of Debit Card can be done through Visting Subhadra Local Area Bank

* SB/CA (individual) A/C Number

* Customer Identification No.

* Applicant's Name

* Mother's Maiden Name

* Date of Birth of the Applicant D D M M Y Y Y Y

* Name as desired on the Card

Maximum up to 18 characters, should not be a nickname.

NOMINATION DETAILS (FOR INSURANCE COVER) (Applicable only for Debit Card)

Name of the Nominee

Address

Date of Birth (If Minor) D D M M Y Y Y Y

Name of the guardian (If Minor)

EXISTING ACCOUNT LINKING DETAILS**

I would also like to link my following Subhadra Local Area Bank Savings Bank/Current Account to my Debit Card

SB/ Current A/C No. (i)

A/C No. (ii)

JOINT HOLDER Please issue ☐ Default# ☐ ATM Card

Your Debit card will be a chip card activated for Domestic Usage

Deactivation of Debit Card can be done through Visting Subhadra Local Area Bank

* SB/CA (individual) A/C Number

* Customer Identification No.

* Applicant's Name

* Mother's Maiden Name

* Date of Birth of the Applicant D D M M Y Y Y Y

* Name as desired on the Card

Maximum up to 18 characters, should not be a nickname.

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Name of the Nominee

Address

Date of Birth (If Minor) D D M M Y Y Y Y

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EXISTING ACCOUNT LINKING DETAILS**

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A/C No. (ii)

For Office Use

Branch Name _____ Branch Code: Date: D D M M Y Y

DECLARATION / DEBIT CARD UNDERTAKING

Signature of customer and Mode of Operation of the Account(s) verified, charges levied (for third card/replacement card only) and hereby authorised to issue the Debit Card

REASON FOR ISSUE	FIRST	JOINT
New Card	☐	☐
Lost Card	☐	☐
Damaged Card	☐	☐
Others	☐	☐

Name of the Verifying Authority

SIGNATURE OF THE VERIFYING AUTHORITY

S. S. Number :_____

Date :_____

4th line Embossing required for : First

Joint

(Applicable only for Current Account)

First Holder		Joint Holder	
Please paste Passport Size colour photograph here	Signature of First Holder (Please Sign in BLACK)	Please paste Passport Size colour photograph here	Signature of Joint Holder (Please Sign in BLACK)

In case of more than two cards, please use an additional application form, charges applicable.
1. # Please refer to www.subhadrabank.com to know about your debit card charges.
2. Other Debit Card Charges (Issuance/Annual)