



অসম গ্রামীণ বিকাশ বেঙ্ক

ASSAM GRAMIN VIKASH BANK

(A joint undertaking of Govt. of India, Govt. of Assam & United Bank of India)
Head Office: G S Road, Bhangagarh, Guwahati -781005(Assam)
Website : agvbank.co.in

Application No.

Annexure - 2

Paste here recent passport size photograph of the applicant

APPLICATION FORM FOR ATM CARDS



(Please read Important Instructions given overleaf before filling up the application)

Dear Sir,

Being desirous of availing the facility of using ATM cum RUPAY Debit Card, I/we furnish the information below :

Please tick (✓) the appropriate option :

New [] Renewal [] Replacement []

Name of Applicant

Name to be printed on card (Max. 25 Letters including spaces)

Nationality Gender [] Male [] Female

Date of birth DD / MM / YYYY PAN Number AADHAAR No.

Change of Address :

Please update the contact information (Correspondence/Permanent) in your records. I/We am/are enclosing proof my/our new address. My/our current address is:

Address for correspondence :

House No./Flat No. Ward name/ number Name of the Street/Road
Land mark * Village/ locality * District *
City/ Town * Pin Code * Post Office State *
Mobile No. Landline No. Email Id

Permanent Address : If same as correspondence Address , please tick (✓) here []

House No./Flat No. Ward name/ number Name of the Street/Road
Land mark * Village/ locality * District *
City/ Town * Pin Code * Post Office State *
Mobile No. Landline No. Email Id

My designated account/s on which I require ATM services :

Primary Account details [Please tick (✓) the appropriate option] Savings [] Current [] Overdraft [] KCC []

Account Number Customer ID

(CD A/c card will be issued to proprietor only)

Declaration:

I / We hereby declare to abide by the rules terms & conditions as applicable to Assam Gramin Vikash Bank Rupay Debit Card holder. I/ We will follow the stipulated guidelines for usage of Assam Gramin Vikash Bank Debit Card and comply with the existing as also the modifications, if any made by the Bank from the time to time without reference to me / us. I/We also acknowledge that bank may debit applicable charges with regards to my card and I will abide by the same.

Applicant's signature

Applicant's signature

Other account holder/s signature

Other account holder/s signature put their signatures)

Date DD / MM / YYYY

Place

Date DD / MM / YYYY

Place

Acknowledgement

Received application no..... for ATM card from..... on/...../.....

Authorised official's Signature

Important Instructions:

- Please fill the entire form in CAPITAL LETTERS only
Leave one box space between each word.
Do not write outside the provided boxes
Complete all sections.
Sign the Declaration.
If joint A/C please fill another application form.
Add on card will be issued to accounts with either or survivor / anyone or survivor clause only.
Applicable annual service charges will be levied on ATM cards.

