UTTARAKHAND GRAMIN BANK (UGB)

APPLICATION FORM FOR ATM-DEBIT CARD

(For UGB Customer Only)

To,
The Branch Manager
UGB _ _ _ _ _ _ _ _ _ _

Dear Madam/Sir,

I request you to register my application form for issuance of ATM Card & link the ATM card facility with my account/accounts as detailed below:

NAME ----------

CUSTOMER ID (CIF No.) ----------

FATHER'S / HUSBAND'S NAME ----------

PERMANENT ADDRESS
(With Landline No. having STD/ISD Code) ----------

COMMUNICATION ADDRESS
(With Landline No. having STD/ISD Code) ----------

ATM CARD DELIVERY ADDRESS **PERMANENT ADDRESS** ☐ **COMMUNICATION ADDRESS** ☐

***** (Please tick at **one** applicable column.)

DATE OF BIRTH ☐☐☐☐☐☐☐☐
(D D / M M / Y Y Y Y)

PAN ☐☐☐☐☐☐☐☐☐☐

MOBILE NUMBER ----------

DETAILS OF EXISTING ACCOUNTS TO BE LINKED FOR ATM CARD (Max 3 Account)

	ACCOUNT NUMBER	MODE OF OPERATION	NAME OF Jt. A/c HOLDER
1.	----------	----------	----------
2.	----------	----------	----------
3.	----------	----------	----------

Please note that Mode of Operation rights on the UGB ATM Card service will be same as that in account at the branch. ATM Card facility is provided only in those accounts where the mode of operation is one of the following – (1) **Self**, (2) **Either or Survivor**, (3) **Anyone or Survivor** (4) **Former or Survivor** (5) **Latter or Survivor**. For accounts having Mode of Operation as JOINTLY, ATM Card services are not available**.**

for expeditious registration, please ensure that all information given in the form is complete & correct.

Date: _ _ /_ _/_ _ _ _
Place:

Signature

Name: