



DEBIT CARD APPLICATION FORM

FOR SAVINGS BANK (Including NRE / NRO)
CURRENT ACCOUNT & ENCASH 24/POWER 24 (excluding Minors)

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

For Branch Use SOL ID Name of the Branch

FIRST HOLDER

Please issue MasterCard Visa Card Gold Card

* SB/CA (individual) A/C Number * Customer Identification No.
* Name
* Mother's Maiden Name
* Date of Birth of the Applicant DD MM YY YY
* Name as desired on the Card Maximum upto 18 characters, should not be a nickname.

NOMINATION DETAILS (FOR INSURANCE COVER)

* Name of the Nominee
Address
Relationship with the Card Holder Date of Birth (If Minor) DD MM YY YY
Name of the guardian (If Minor)

EXISTING ACCOUNT LINKING DETAILS**

I would also like to link my following AXIS BANK Savings Bank/Current Account to my Debit Card

SB/CURRENT A/C No. (i) A/C No. (ii)

JOINT HOLDER

Please issue MasterCard Visa Card Gold Card

* SB/CA (individual) A/C Number * Customer Identification No.
* Name
* Mother's Maiden Name
* Date of Birth of the Applicant DD MM YY YY
* Name as desired on the Card Maximum upto 18 characters, should not be a nickname.

NOMINATION DETAILS (FOR INSURANCE COVER)

* Name of the Nominee
Address
Relationship with the Card Holder Date of Birth (If Minor) DD MM YY YY
Name of the guardian (If Minor)

EXISTING ACCOUNT LINKING DETAILS**

I would also like to link my following AXIS BANK Savings Bank/Current Account to my Debit Card

SB/CURRENT A/C No. (i) A/C No. (ii)

DECLARATION / DEBIT CARD UNDERTAKING

I/We have read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank, as its sole discretion without any notice to me/us. I/We confirm that I/We are the sole account holder(s) or have the required mandate to operate all the account linked to the Debit Card(s) singly and that I/We have completed 18 years of age. I/We understand that upon issue of a Debit Card to me/us, the existing ATM card linked to my/our accounts will be deactivated. I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India. I/We accept full responsibility for my/our Debit Card and agree not to make any claims against AXIS BANK, in respect thereof. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

<p>First Holder</p> <p>Please paste Passport Size colour Photograph here</p> <p style="text-align: center; font-size: 2em; color: #ccc;">Signature</p> <p>Signature of First Holder (Please sign in BLACK)</p> <p>Name : <input type="text"/></p>	<p>Joint Holder</p> <p>Please paste Passport Size colour Photograph here</p> <p style="text-align: center; font-size: 2em; color: #ccc;">Signature</p> <p>Signature of Joint Holder (Please sign in BLACK)</p> <p>Name : <input type="text"/></p>
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FOR BRANCH USE ONLY

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.

NAME OF THE VERIFYING AUTHORITY

REASON FOR ISSUE	FIRST	JOINT
New Card	<input type="radio"/>	<input type="radio"/>
Lost Card	<input type="radio"/>	<input type="radio"/>
Damaged Card	<input type="radio"/>	<input type="radio"/>
Others	<input type="radio"/>	<input type="radio"/>

BIN Number

First

Joint

SIGNATURE OF THE VERIFYING AUTHORITY

S. S. Number :

Date :

In case of more than two cards, please use an additional application form, charges applicable.
**Debit card is provided only for accounts where Mode of Operation is Self/Either or Survivor/Anyone or Survivor.

This form is processed through automated system. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.