

## **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. Form Type Fields marked ★ (Star) are MANDATORY.

For Branch Use SOL ID Name of the Branch FIRST HOLDER Please issue Classic Titanium Prime Priority Platinum<sup>#</sup> Wealth Titanium Rewards \* SB/CA (individual) A/C Number \* Customer Identification No. \* Name \* Mother's Maiden Name IMAGE CARD \* Date of Birth of the Applicant Desired Image Code \* 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) 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 A/C No. (ii) SB/CURRENT A/C No. (i) JOINT HOLDER Please issue Classic Titanium Prime Priority Platinum\* Wealth Titanium Rewards \* Customer Identification No. \* SB/CA (individual) A/C Number \* Name \* Mother's Maiden Name IMAGE CARD \* Date of Birth of the Applicant Desired Image Code \* 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) 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 Intersame.

I am / We are aware of the additional Rs 150 + taxes chargeable for an Image Debit Card, and agree to abide by the same. I am / We are also aware of the fact that the Image Card will not be a Photo Card, and will not be available with the Priority Platinum Chip Debit Card option.

#Charges as applicable at the time of issuance. I / We agree to abide by the fees liable to be levied for Issuance of the Debit Card, and the additional Rs 150 (Excluding Taxes) chargeable for an Image Debit Card. I am / We are also aware of the fact that the Image Debit Card will not be a Photo Card. First Holder Joint Holder Please paste Please paste Passport Size colour Passport Size colour Photograph here Photograph here Signature of First Holder (Please sign in BLACK) Signature of Joint Holder (Please sign in BLACK) Name: Name: 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 ISSUEFIRST JOINT New Card BIN Number Lost Card CROSS SELL ID Damaged Card First SIGNATURE OF THE VERIFYING AUTHORITY Others S. S. Number: Joint

In case of more than two cards, please use an additional application form, charges applicable.

4th line Embossing required for:

\*\*Debit card is provided only for accounts where Mode of Operation is Self/Either or Survivor/Anyone or Survivor.

<sup>+</sup>Available only to Prime Savings and Salary (including NRE Prime and NRE Salary) Account schemes

Date: