

Debit Card Application Form

Current Account (Non Individuals Only)



Please fill the form in BLOCK LETTERS only. Fields marked* (star) are MANDATORY DCAF02

FIRST HOLDER Please issue Default Business Platinum Business Supreme ATM Card

Your Debit card will be a chip card activated with facility of using it at Domestic ATM and POS merchant outlets within India only.

Activation/Deactivation of International Usage on Debit Card can be done through - Internet Banking/Mobile App/Axis Bank Call Centre. NRO, Rupay Kisan Card and Government Schemes Customer will only be issued Domestic Chip Card

* SB/CA (individual) A/c Number * Customer Identification No.

* Applicant's Name

* Mother's Maiden Name * Date of Birth of the Applicant

Image Card Y N Desired Image Code

* Name as desired on the Card Maximum upto 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)

Name of the Guardian (If Minor)

Existing Account Linking Details

I would also like to link my following Axis Bank saving Bank/ Current to my Debit Card

SB/Current A/c No. (i) A/c No.(ii)

JOINT HOLDER Please issue Default Business Platinum Business Supreme ATM Card

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For Office Use :

Branch Name: _____ Branch Code: Date:

Declaration/Debit Card Undertaking

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

REASON FOR ISSUANCE

| | FIRST | JOINT |
|--------------|--------------------------|--------------------------|
| New Card | <input type="checkbox"/> | <input type="checkbox"/> |
| Lost Card | <input type="checkbox"/> | <input type="checkbox"/> |
| Damaged Card | <input type="checkbox"/> | <input type="checkbox"/> |
| Others | <input type="checkbox"/> | <input type="checkbox"/> |

Name of the Verifying Authority

Cross Self ID

BIN Number
First
Joint

Signature of the verifying Authority

S.S. Number : _____
Date : _____

4th line Embossing required for: Company
(Applicable only for Current Account)

First Holder

Please paste
Passport Size colour
photograph here



Signature of First Holder
(Please Sign in BLACK)

Joint Holder

Please paste
Passport Size colour
photograph here



Signature of Joint Holder
(Please Sign in BLACK)

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

Please visit www.axisbank.com to know about your debit card variant and charges. "The property that is situated in the communication address registered with the Bank shall only be considered for coverage under the Fire & Burglary insurance. For updating the communication address the customer needs to apply for the same with the Bank with relevant address proof. The insurance shall be subject to the terms and conditions as prescribed by the insurance company from time to time. **Debit Card is provided only for accounts where Mode of Operation is Self/ Either or Survivor/ Anyone or Survivor. For mode of operation - "All Jointly" debit cards will not be issued. PAN is mandatory for international transactions. The nominee of the account will be considered for nomination of debit cards also. The debit card by default will have the contactless option, however, basis your preference, the same can be enabled / disabled through various channels like Mobile App, Internet Banking, Call Centre or Axis Bank Branches. The contactless option is not applicable to Rupay Debit cards. Your card comes activated with facility of using at domestic contact based ATMs and POS merchant outlets within India only. The card not present (domestic and international) and card present (international) transactions on your card can be enabled/disabled through various channels like Mobile App, Internet Banking, Call Centre or Axis Bank Branches. The usage options opted will have default limits set at the bin level and can be changed. The default limits will be a discretion of the bank or regulatory guidelines and are subject to change. The limits for Online, POS, and Contactless will be a cumulative limit and not an individual limit.

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.

Letter of Indemnity of Private Limited/Public Limited

We hereby certify that following are the true extracts of resolution passed at the Meeting of the Board of Directors of the Company held on ____ day of _____ We,
 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Directors
 of the Company named _____ (Hereinafter referred to as the "Company") have a current account bearing no _____ with AXIS
 Bank, ____ We _____ Branch (Hereinafter referred to as the "Bank", authorize
 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Here
 inafter referred to as the 'said Director/s, to solely withdraw cash, deposit cash, to do the balance enquiry, to transfer funds, to change PIN, to use card for merchandise purchases etc. on
 behalf of the Company.
 The Bank is issuing the International Business Debit Card to the said Director/s on the request of the Company, vide this application form in addition to the cheque book(s) for operating the
 account.
 We hereby agree that the related PIN for the purpose, will be kept under the safe custody of the said Director/s and that the said Director/s would use the card for the purposes as specified
 by the Company and not for his individual use or otherwise. Any misuse at the hands of the Director/s in any manner whatsoever shall be at their risks and consequences and the Bank shall
 not be liable for the same.
 We hereby agree that in the event there is any change in the Constitution of the Board of Directors of the Company, it would be onus of the existing/continuing Directors to inform the Bank
 and the Bank shall not have any liability of the actions carried out by the outgoing Director/s till it is intimated to the Bank in writing and received by the Bank. We hereby agree that in case
 of any dispute amongst the Director/s for which the operations on the account needs to be stopped, a letter to this effect needs to be sent to AXIS Bank _____ (Branch name and
 address). The operations on the account would be stopped only after 48 hours after actual receipt of letter at the above address by the Bank. Till such time, the Bank shall not held liable for
 any misuse by the Director/s.
 We hereby agree that in case of death, insanity or insolvency of any Director/s, the Bank would stop the operations in the account and the Business Debit Card would be hot listed within 48
 hours after intimation of the same to the Bank. The Bank is not responsible for any loss to the Company in such events and it is the onus on the discontinuing Director/s and/or the Company
 to inform the Bank of such events.
 In the premises aforesaid, we, our successors, assigns and legal heirs hereby indemnify and keep indemnified the Bank of, from and against all losses, damages, costs, charges, claims, disputes
 and consequences whatsoever arising out of issuance of the Business Platinum Debit Card to the said Director/s as requested by the Company as aforesaid without any demur.
 The Company hereby authorized to execute this Indemnity in favor of the Bank indemnifying the Bank against all losses, damages, costs and consequences arising out of the operations of the
 Business Platinum Debit Card by the Company/Directors.
 Certified to be true for (Name of the Company) _____.

Signature of the Chairman

(Signature of the Director)

(Signature of the Director)

(Signature of the Director)

Place:

Date:

Letter of Indemnity of Partnership Firm

We,
 1. _____ 2. _____ 3. _____ 4. _____
 are the partners in the firm [M/s _____] and are hereby executing this letter of indemnity as herein below:
 We hereby confirm that we have entered into a partnership deed dated _____ ("Partnership Deed") and are carrying out business in the name and style of M/s. _____ ("Partnership Firm"). The Partnership Deed is executed under the Indian Partnership Act, 1932 and is enclosed herewith along with this application form.
 We hereby acknowledge that in terms of the Partnership Deed, Shri _____ is designated as the Managing partner and has the necessary powers to conduct day to day affairs of the business and also open and operate the bank account for and behalf of the Partnership Firm in any bank as so he desires.
 We are aware and acknowledge that the Partnership Firm with full consent of all the partners and in terms of the Partnership Deed has opened an account with AXIS Bank Ltd, _____ branch bearing no. _____ ("The Bank").
 The Bank has agreed to issue an ATM/Debit card in the name of the Managing Partner vide this application form to enable him to operate the Partnership Firm's account through ATM/Debit Card on the request of the Partnership Firm and we agree and acknowledge the same.
 We, in our capacity as partners of the Partnership Firm, hereby indemnify the Bank jointly and severally in considerations of the Bank issuing the ATM/Debit Card to the Partnership Firm as hereunder:
 1) That all or any transactions carried by the said Managing Partner and/or any other partner by using the ATM/Debit Card shall be binding on all the partners of the Partnership Firm.
 2) We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the Partnership Firm represented by all its partners on the said account.
 3) We hereby confirm and consent that the Partnership Firm and all its partners shall be liable jointly and severally for the transactions done by the Managing Partner who is authorized to receive and operate the ATM/Debit Card Vis-à-vis the Partnership Firms account.
 4) We, jointly and severally as partners of the Partnership Firm, agree that we shall abide by the rules and regulations stipulated by the Bank, from time to time, in relation to the operation of the ATM/Debit Card. We also agree that we shall forthwith surrender the ATM/Debit Card upon request by the Bank.
 5) We further confirm that we shall jointly and severally be liable for any claim, costs, damages, expenses, and/or other liability which may arise to the Bank or its successors or assigns in business by virtue of the said operations of the said account by the Managing Partner or by any other partner by the use of the said ATM/Debit Card. We jointly and severally undertake to indemnify the Bank and make good the said claims to the Bank.
 6) We further undertake that we shall keep the Bank informed in writing about any change in the Partnership structure i.e. any addition or retirement of the partners and any reconstitution of the Partnership Firm shall be notified to the Bank forthwith and the copy of the partnership deed of the reconstituted firm shall also be submitted to the Bank.
 7) We confirm that this understanding shall be binding not only in our capacity as partners but also in our individual capacity and shall bind our respective legal heirs, executors and assigns.
 Dated _____ day of _____ Signed and Delivered by the within named

Signature of the Chairman

(Signature of the Director)

(Signature of the Director)

(Signature of the Director)