

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

Debit Card Application Form



Please fill the form in BLOCK LETTERS only. Fields marked* (star) are MANDATORY FIRST HOLDER Please issue Business Platinum Business Supreme Default ATM Card Activation / Deactivation of International Usage on Debit Card can be Your Debit Card will be a chip card activated with facility of using it at Domestic ATM and POS merchant outlets within India only. 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 Number *Applicant's Name *Mother's Maiden Name *Date of Birth of the Applicant Image Card Desired Image Code Maximum up to 18 characters, should not be a nickname. *Name as desired on the Card In case of more than two cards, please use an 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 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. **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 Number (i) A/c No.(ii) JOINT 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 Activation / Deactivation of International Usage on Debit Card can be done through - Internet Banking / Mobile App / Axis Bank Call Centre. ATM and POS merchant outlets within India only NRO, RuPay Kisan Card and Government Schemes Customer will only be issued Domestic Chip Card * SB / CA (Individual) A/c Number *Customer Identification Number * Applicant's Name *Date of Birth of the Applicant * Mother's Maiden Name Desired Image Code Image Card Maximum up to 18 characters, should not be a nickname * Name as desired on the Card In case of more than two cards, please use an 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 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. 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Date : _

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)

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. We consent to the processing of my personal data for Axis Bank to develop, market, and communicate their products and services to me. We consent to Axis Bank's data analytics on my personal data to understand usage of products and services and creating opportunities to offer better products and services.

Letter of Indemnity of Private Limited / Publi	ic Limited			
We hereby certify that following are the true extracts	s of resolution passed at the Meeting of th	e Board of Directors of the Company h	eld on day of	·
We, 122.	3	A	5	Directors
of the Company named(Hereir				Birectors
Bank,WeBranch(Hereinafter referred to		_		
12after referred to as the ' said Director/s, to solely wi	thdraw cash, denosit cash, to do the hala	nce enquiry to transfer funds to chang	Herein	nurchases etc on
behalf of the Company.	thuraw cash, deposit cash, to do the bala	nee enquiry, to transfer funds, to chang	ge i iiv, to use card for incremandise p	urchases, etc. on
The Bank is issuing the International Business Debit (account.	Card to the said Director/s on the request	of the Company, vide this application for	orm in addition to the cheque book(s)	for operating the
We hereby agree that the related PIN for the purpose by the Company and not for his individual use or oth not be liable for the same.				
We hereby agree that in the event there is any change and the Bank shall not have any liability of the action of any dispute amongst the Director/s for which the	s carried out by the outgoing Director/s ti	II it is intimated to the Bank in writing a	nd received by the Bank. We hereby a	agree that in case
address). The operations on the account would be sto any misuse by the Director/s.				
We hereby agree that in case of death, insanity or ins hours after intimation of the same to the Bank. The B				
to inform the Bank of such events. In the premises aforesaid, we, our successors, assigns			_	
and consequences whatsoever arising out of issuance The Company hereby authorized to execute this Inde Business Platinum Debit Card by the Company/Direc	e of the Business Platinum Debit Card to tl mnity in favor of the Bank indemnifying the	he said Director/s as requested by the O	Company as aforesaid without any den	mur.
Certified to be true for (Name of the Company)				
(Signature of the Chairman)	(Signature of the Chairman)	(Signature of the Chairman)	(Signature of the Chairman)	
Place:				
Date:				
Letter of Indemnity of Partnership Firm We.				
	3	4.		
are the partners in the firm $[M/s$] and	d are hereby executing this letter of indem	nity as herein below:		
We hereby confirm that we have entered into a partn	ership deed dated("Partnership	Deed") and are carrying out business in		("Partner-
ship Firm"). The Partnership Deed is executed under				- dff-if b-
We hereby acknowledge that in terms of the Partners business and also open and operate the bank accoun			e necessary powers to conduct day to	o day aπairs of ne
We are aware and acknowledge that the Partnership			as opened an account with Axis Bank	Ltd,
branch bearing no ("The Bank").				
The Bank has agreed to issue an ATM / Debit Card in Debit Card on the request of the Partnership Firm an		this application form to enable him to	operate the Partnership Firm's accour	nt through ATM /
We, in our capacity as partners of the Partnership Fil as hereunder:		severally in considerations of the Bank	issuing the ATM / Debit Card to the	Partnership Firm
1)That all or any transactions carried by the said Man 2)We shall at no point of time raise any objection or o				
conducted by the Partnership Firm represented by al	l its partners on the said account.			
 We hereby confirm and consent that the Partnersh receive and operate the ATM / Debit Card Vis-à-vis t 		jointly and severally for the transaction	ns done by the Managing Partner who	is authorized to
4)We, jointly and severally as partners of the Partner		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 fo	rthwith surrender the ATM / Debit Card u	pon request by the Bank.		
5)We further confirm that we shall jointly and severa business by virtue of the said operations of the said a	, , , , , ,			
indemnify the Bank and make good the said claims to		y other partiler by the use of the salu A	TWI / Debit Card. We jointly and sever	ally undertake to
6)We further undertake that we shall keep the Bank i the Partnership Firm shall be notified to the Bank for	nformed in writing about any change in the	. ,	• • • • • • • • • • • • • • • • • • • •	reconstitution of
7)We confirm that this understanding shall be binding	g not only in our capacity as partners but a			tors and assigns.
Datedday of Signed and Delivered	by the within named			
				
(Signature of the Director)	(Signature of the Director)	(Signature of the Director)	(Signature of the Director)	