

# MALDA DIST CENTRAL COOPERATIVE BANK LTD

## ATM APPLICATION FORM FOR INDIVIDUAL

Branch \_\_\_\_\_

Date \_\_\_\_\_

To  
The Branch Manager

\_\_\_\_\_ Branch.

Dear Sir,

I interested to get ATM card of your bank and submitting below the necessary particulars for getting the ATM card of your bank.

**1. Account Holder Details:** (To be filled in BOLD Letter & in black ink)

<b>Name</b>																														
<b>Account No</b>																														
<b>CIF NO</b>																														

**2. ADDRESS :**

<b>Applicant's Address</b>																					<b>PHONE</b>		
																					<b>FAX</b>		
																					<b>MOBILE</b>		
																					<b>E-MAIL</b>		
	<b>POST</b>											<b>DIST</b>						<b>PIN</b>					

**3. PERSONAL DETAILS**

<b>Applicant's details</b>	<b>Date of Birth</b>						<b>GENDER</b>		<b>MARRIED</b>		<b>PAN</b>					<b>FORM 60/61</b>																							
	D	D	M	M	Y	Y	Y	Y	M	F	Y	N																											
	<b>Occupation</b>						<b>Name of Spouse</b>						<b>Name of Father</b>																										

**4. I declare that my account is fully complied with KYC norms and I will abide by the ATM regulation of RBI and the bank time to time in force.**

**Signature of Applicant**

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**For Branch Use:**

The above bank account is fully complied with KYC norms and the signature of applicant is verified and found correct. The application is forwarded to HO for issue of ATM Card.

Application SL No:

Signature of Branch Manager

Memo No:

Date:

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**For HO USE ONLY**

Date of Processing:		SL of Processing:	
Date of Sending to SCB:		ATM CARD NO:	
Return for quarries :		BIN NO:	
Remarks:		REF NO:	
Sign of Processing officer:		Dispatch details	