

# DEBIT CARD APPLICATION FORM

## (Individual/Proprietorship Account)

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

Branch Name: 

(If Existing Customer)

Sol ID: 

Date: 

\***CIF ID.** (Individual's / Proprietor's) 

\***SA/CA Number** (Individual/Proprietary Firm): 

\***Request for :** ☐ New Card ☐ Reissue Card ☐ Upgrade Card ☐ Renewal/Replacement Card

\***Select Variant:** ☐ RuPay Classic ☐ RuPay Platinum ☐ RuPay Select ☐ Mastercard Gold ☐ Mastercard Platinum

Put a tick mark on the relevant Card variant

**Note:** 1) All the above Cards are International Cards with Chip and PIN enhance security features. 2) International Debit Card issuance and usage is allowed for the resident individual only, subject to providing his/her Permanent Account Number (PAN) for all transactions under Liberalised Remittance Scheme (LRS) made through Authorized Persons.

### (A) PERSONAL DETAILS

\***Applicant's Name:** 

\***Mother's Maiden Name:** 

\***Date of Birth of the Applicant:** 

\***Name as desired on the Card:** 

(Maximum upto 18 characters, should not be a nickname)

### (B) NOMINATION DETAILS (For insurance cover applicable only for Debit Card)

Name of the Nominee: 

Address: 


Date of Birth (If Minor): 

Name of Guardian (If Minor): 

### (C) JOINT ACCOUNT HOLDER DETAILS

(If Existing Customer)

\***CIF ID.** (Individual): 

\***SA Number** (Individual): 

\***Request for :** ☐ New Card ☐ Reissue Card ☐ Upgrade Card ☐ Renewal/Replacement Card

\***Select Variant:** ☐ RuPay Classic ☐ RuPay Platinum ☐ RuPay Select ☐ Mastercard Gold ☐ Mastercard Platinum

\***Applicant's Name:** 

\***Mother's Maiden Name:** 

\***Date of Birth of the Applicant:** 

\***Name as desired on the Card:** 

(Maximum upto 18 characters, should not be a nickname)

### (D) NOMINATION DETAILS (For insurance cover applicable only for Debit Card)

Name of the Nominee: 

Address: 


Date of Birth (If Minor): 

Name of Guardian (If Minor): 

### (E) DECLARATION / DEBIT CARD UNDERTAKING

I/We have read and understood the terms and conditions governing the usage of the Debit Card (Domestic / International). 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, at its sole discretion without any notice to me/us. 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 Debit Card linked to my/our account will be deactivated on first time usage of new Card. 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 Utkarsh Small Finance Bank Ltd. in respect thereof. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

I/We have read and understood the rules and regulations concerning Debit Card and agree to abide by them. I/We also understand that the Bank reserves the right to suspend services of Debit Card to me/us unilaterally without any prior notice or assigning any reason.

I/We understand that I/We will be levied charges for issuance of card which will be intimated to me in Schedule of charges. Further additional charges if any/changes to the charges schedule if any will be made available in the bank's website "www.utkarsh.bank".

Signature of Applicant / Guardian /  
Proprietor (with firm's stamp)

### CUSTOMER ACKNOWLEDGEMENT

Received request for: \_\_\_\_\_

CIF ID : 

Customer Name: \_\_\_\_\_

Customer A/C No. : 

Date: 

For Processing Debit Card Application:

Branch Staff :

Name : \_\_\_\_\_

Employee Code : \_\_\_\_\_

Branch Seal

Branch Name: \_\_\_\_\_ Sol ID: \_\_\_\_\_

