THE VALLABH VIDYANAGAR COMMERCIAL CO. OP. BANK LTD.

"Shree Vallabh Chambers", Vallabh Vidyanagar - 388 120. Dist. Anand

VVCCBANK RU-PAY DEBIT CARD APPLICATION FORM, FOR SAVINGS BANK AND CURRENT ACCOUNT
(INDIVIDUAL AND EXCLUDING MINORS)

To,
The Manager,
I Would like to have VVCCBANK RU-PAY ATM CUM DEBIT CARD, and apply for the same.
My details are as under.

Please Fill The Form In BLOCK LETTERS Only.

ACCOUNT NUMBER :

CUSTOMER ID. :
(Provided by the Bank)

NAME :

ADDRESS :

DATE OF BIRTH : D D M M Y Y Y Y

MOBILE NUMBER :

E_MAIL ID :

NAME AS DESIRED
ON THE CARD :
Maximum Upto 18 Characters, Should Not Be A Nickname

MOTHER'S MAIDEN NAME :

NOMINATION DETAILS (FOR INSURANCE COVER)

NAME OF THE NOMINEE :

RELATIONSHIP WITH
CARD HOLDER :

DATE OF BIRTH (IF MINOR): D D M M Y Y Y Y

NAME OF THE GUARDIAN :
(IF MINOR)

DECLARATION / UNDERTAKING

	CHARGES (Excluding Service Tax)	Rs.
1	First Time Card Issuance Fee	FREE
2	Additional Card (Add-on Card)	100.00
3	Card Replacement Fees	150.00
4	Annual Maintenance Charge (From second year onwards)	100.00
5	PIN Replacement charges	100.00
AFTER 5 (FIVE) TRANSACTION CHARGES		
A.)	Financial (Cash withdrawal) VVCC BANK AND HDFC BANK ATM	0.00
	Other BANK ATM	18.00
B.)	Non – Financial (Balance Enquiry, Mini Statement, Pin Change) VVCC BANK AND HDFC BANK ATM	0.00
	Other BANK ATM	5.00

I /We agree to above Terms & Conditions and for Charges to be levied for Issuance of the VVCCBANK RU-PAY Debit Card. I am / We are also aware of the fact that the VVCCBANK RU-PAY Debit Card will not be a Photo Card.

- VVCCBANK RU-PAY Debit Card will be provided only for accounts where Mode of Operation is Self / Either or Survivor/ Anyone or Survivor
- In case of more than two cards, an additional application form required for which charges are applicable.
- I/We agree to provide any information from my/our account to VVCC Bank.
- I/We agree to pay the charges applicable on VVCCBANK RU-PAY Debit Card and My/OurAccount by VVCC Bank as per Annexure.
- I/We confirm that I/We are the sole/account holder(s) or have the required mandate to operate account linked to the VVCCBANK RU-PAY Debit Card.
- I/We accept full responsibility for my/our VVCCBANK RU-PAY Debit Card to keep it safe and agree not to make any claims against VVCC Bank in respect there to.
- I/We accept to be bound by the said terms and Conditions or to any changes made therein from time to time by the Bank at its sole discretion, without prior notice to me/us.
- I/We have read and understood the Terms and Conditions governing the usage of VVCCBANK RU-PAY Debit Card.

CARD HOLDER

Photo

Signature of Card Holder
(Please sign in Black)

Name

We agree and have no objection to issue VVCCBANK RU-PAY Debit Card in the Name of:

Signature of Joint Holder(s)

1. _____
2. _____
3. _____

FOR BANK USE ONLY

Signature of customer and Mode of Operation of the Account(s) verified, charges Levied (for add-on card / replacement card only) and hereby authorised to issue the VVCCBANK RU-PAY Debit Card

REASON FOR ISSUE	First Card	Add-on Card
New	☐	☐
Lost	☐	☐
Damaged	☐	☐
Other	☐	☐

DATE: _____

_____
NAME OF THE VERIFYING AUTHORITY

SIGNATURE OF THE VERIFYING AUTHORITY