

THE CNS BANK LTD. दि चेंबूर नागरिक सहकारी बँक लि.



Administrative Office: 101-103, Rudresh Commercial Complex, 19th Road, Near Dr. Ambedkar Road, Chembur, Mumbai - 400 071. Telefax: 022-2527 6108 / 2527 6109 | Email: ao@cnsbank.com

Application Form of NFS Network ATM Card

Branch Name :							Ap	plica	tion	Date		D	D	М	М	Υ	Υ	Y	Υ
Personal Details																			
Prefix Surname						T	First Name							Middle Name					
REQUEST FOR RUPAY DEBIT CARD																			
(Please ✓ Whichever is applicable)																			
I / We Wish to apply for ATM Card New / REPLACEMENT / STOLEN / LOST / DAMAGED																			
Name to be Embossed on the Card																			
(Not More than 19 character)																			
Accounts to be	Accounts to be linked to Debit Card :																		
A/c Type A/c Number (CBS Account Number) Branch Name																			
PRIMARY ACCO	UNT																		
														T 46					
Mailing Address																			
(* Mandatory Fields)																			
Address (*):	+						- 1	1		1						1 1		- 1	
				\neg	+	+	+				+				+			+	+
	+	+	+	+	+		+												
		1							~										
Land Mark :		 	I						4										
Land Mark :		I							×			Pin	Code*						
			I						<				Code*						
City			STE		DDE														
City			STE		DDE														
City State:			STE		DDE														
City State: Landline No.:			MS	Ban	king		Mobi	le No	o. is										
City State : Landline No.: Alternate No.: (*) I Wish to regi	ition	s rea	MS	Ban	king		Mobi	le No	o. is										

Declaration												
Existing ATM Card Holders												
Existing ATM Card No.												
I / We the undersigned is / are the Account holder / s of your Branch and holding above mentioned AT Card issue to me / us. I / We would further apply for issue of new ATM Card which work in NFS Network along with ATM's. I / We like to cancel my existing above mention ATM CARD. At the time of accepting Ne ATM Card. I / We are ready to handover the card to destroy. I / We have no objection for deduction of transaction charges for issuing other Bank's ATM as per RBI												
Guidelines and Bank policy. I / We hereby declare that all the information given above is true and correct of my / our best knowledge. All the terms and condition for using the ATM Card Which I / We have												
unconditionally accepted at the time of Application for first ATM CARD will remain in force / unchanged Thanking you												
NEW YORK OF THE PARTY OF THE PA		Terms	& Cond	itions		d 88	3					
1) Cash withdrawal & B	alance Enqui	ry from oth	er bank R	upay ATM	first 3	transactio	n will	be fre	е			
2) Above 3 transaction (narges as	pelow.								
Cash Withdrawal - Rs												
Balance Enquiry - Rs.												
Any revision in charg			nk s notic	e Board.								
3) All transactions of CN			Ala dansara I				Ch-II		V-144			
4) In Case of any Proble		the cash wi	thdrawal	or Card Cap	oture,	Customer	Shall	give V	Vritte	n		
complaint to respect		01		12								
5) Customer has to pay	The The second	a management										
6) Replacement ATM Ca				The same of the sa								
7) Subject to availability		n your acco	ount, you c	an withdra	wal ca	sh up to	RS.20,	00.00	per	day		
thus saving your value				a apparatus					Val			
8) Please change your F												
number of times at yo			sure that	our PIN is	not di	sclosed to	o any o	one ev	en to			
the Bank Personal for	The second second second	***************************************										
9) If you input incorrect												
Security reasons. In the	at case you a	are request	ed to cont	act the Bra	inch M	langer im	mediat	ely wh	10			
will assist you.												
Signature of Applicant's:												
1 st Applicant's:	Joint	Holder		Joint Hold	er		Joint	Holde	r			
8	D		0	COMM TIONS		0						
Signature	Sig	nature		Cianatura			Signature					
Name	Name		Name	Signature Name			Name					
Ivaine	Ivaille		_ Name		_ Name	, Italio						
	Parting in the											
FOR BANK USE ONLY												
Signature of Customer and Mode Operation of Account(s) verified: Yes KYC COMPLIED												
Customer No.							T			A		
Rupay ATM Card No.				1,0	-1-					TO N		

Signature & Stamp of the verifying Authority

Date: