

ERNAKULAM DISTRICT CO-OPERATIVE BANK LIMITED

APPLICATION FOR ATM CARD

Branch Name

Please issue me EDCB ATM Primary Card: Minor Card: Additional Card: Additional A/c:

Name
(Primary Account Holder / Minor)

Guardian's Name
(in case of Minor Card)

Address:

City/Town: Pin:

Telephone: Mobile:

Date of Birth: Male: Female: Married (Y/N):

ACCOUNT DETAILS

ATM Linked Account Numbers (1) :
(2) :

Mode of Operation : Single: Joint (Either or Survivor):

Existing EDCB ATM Card No (if any) :

Name to be embossed on ATM Card :
(Max 20 characters)

Signature of Primary A/c Holder Name

Signature of Joint Holder/ Guardian Name

.....see overleaf

FOR BRANCH USE ONLY

Branch Code : Ac No (1) :

Customer ID : (2) :

We have verified the above particulars of the customer. We recommend for issuing ATM Card to the customer.

Date Sr. No. Branch Manager

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TO BE FILLED AT HO (ATM CELL), EDCB

Sr. No. (CID): ATM Card No:

ATM Card sent on: PIN sent on:

Date Authorised Officer