

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

TO BE FILLED AT HO (ATM CELL), EDCB

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

ATM Card sent on: PIN sent on:

Date

Authorised Officer