

DEBIT CARD APPLICATION FORM

For Savings Bank {(Resident & Non-Resident) & (Single and Joint Accounts)} and Current Accounts (Individual & Proprietorship)

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

Type of Request	New Card <input type="checkbox"/>	Card Upgradation <input type="checkbox"/>	Card Re-issue <input type="checkbox"/>
Card Variant*	RuPay Classic <input type="checkbox"/>	RuPay Platinum <input type="checkbox"/>	
Applicant Name*	<input type="text"/>		
CIF ID*	<input type="text"/>		
SB/CA Account Number*	<input type="text"/>		
Type of Account*	Single <input type="checkbox"/>	Joint <input type="checkbox"/>	
Mode of Operation	Self <input type="checkbox"/>	Either or Survivor <input type="checkbox"/>	Anyone or Survivor <input type="checkbox"/>
<small>(Debit Card applicable only for account with Mode of Operation as Self or Either/Anyone or Survivor)</small>			
Account Holder Type	Primary <input type="checkbox"/>	Joint Holder <input type="checkbox"/>	
Date of Birth*	<input type="text"/>		
Name on the Card*	<input type="text"/>		
Physical PIN Mailer Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

DECLARATION/ DEBIT CARD UNDERTAKING

- I have read, understood and agree to the terms and conditions governing the usage of Debit Card including the schedule of charges provided on the ESAF Bank website - www.esafbank.com.
- I hereby declare that the information furnished above is true and correct to the best of my knowledge.
- I agree to avail of the Debit Card facility offered by ESAF Small Finance Bank.
- I hereby agree to debit my account for the charges for issuing a new card, re-issuing or upgrading the existing card at the prevailing rate.
- I agree and affirm that ESAF Small Finance Bank Ltd. may contact me over telephone / SMS / WhatsApp / email or any other mode of communication on the mobile number / email ID mentioned herein, to verify the details furnished by me or for any other promotional activities including cross-selling of any products of the Bank.

Date:

Signature of the Applicant

Joint Holder 1

Joint Holder 2

Joint Holder 3

FOR OFFICE USE ONLY

Date:

Branch Name: _____ Branch Code: _____

LG Code: _____ LC Code: _____ Remarks: _____
