



# POST OFFICE SAVINGS BANK

## ATM CARD/e-Banking/Mobile banking REQUEST FORM for existing customers who have opened accounts after Migration to CBS

Post Office _____	Date _____	SOL ID _____
Account Number	CIFID	

### For Applicant(s)

1. ATM Card required for (please tick ✓ the empty box)

Self		All Joint Account Holders	
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2. Name to be printed (embossed) on the Card (in Capital Letters)

Date of Birth

1		
2		
3		

3. Please tick relevant requirement from below:

New Card (please tick one) 1. Insta Card  (OR) 2. Personalized Card

Internet Banking Request  Mobile Banking Request

PIN regeneration request:- Net Banking PIN  Mobile banking  Phone Banking PIN  ATM Card Pin

Cancellation of ATM card {Please provide card number(s)} -----

4. Internet Banking/Mobile banking and SMS alerts: (Please tick wherever applicable. Applicable only for the first time)

Internet Banking	Applicant (1)	Applicant (2)	Applicant(3)
Mobile Banking			
SMS Alert			
Mother's maiden Name			

### Declarations/Terms & Conditions

I/We declare that above information is correct. I/We authorize Department of Posts to debit/ recover the charges as applicable from time to time from my/our account for withdrawals using my ATM/Debit Card. I/We undertake to maintain sufficient funds excluding the minimum balance stipulated in my account. I/We accept full responsibility for my/our ATM/Debit Card and agree not to make claims against Department of Posts in respect thereto.

Signature/Thumb Impression:-      1<sup>st</sup> Applicant                                  2<sup>nd</sup> Applicant                                  3<sup>rd</sup> Applicant

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### For Office Use only

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

Following items issued:-

Insta ATM/Debit Card No. with PIN.....

Date of Issue.....

Signature of Chief/Sr./Sub/ Postmaster

Date Stamp of Post Office

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