IndusInd Bank

Application Form for IndusInd Bank Premium Debit Card

NAME:			
Account No.			
Please choose one of the Premium Debit Card category:			
Platinum Plus: Rs. 1,000 First Year Fee Rs. 799 Annual Fee		Rs. 5,000 Fi Rs. 1,499 A	re Debit Card: rst Year Fee nnual Fee orth of welcome vouchers
Platinum Plus: Rs. 1,500 First Year Fee Rs. 799 Annual Fee Rs.1,000 worth of welcome	vouchers	Rs. 7,5 Rs. 1,4	ure Debit Card: 00 First Year Fee 99 Annual Fee 00 worth of welcome vouchers
Platinum Premier: Rs. 2,500 First Year Fee Rs. 799 Annual Fee Rs. 2,500 worth of welcome vouchers * Above mentioned fee is excluding applicable taxes. * Welcome vouchers will be issued via SMS to the registered mobile number after a successful debit card transaction at a merchant establishment			
CUSTOMER DECLARATION I understand that the above mentioned welcome voucher would be issued to me via SMS to my mobile number registered with the Bank, subject to a successful Debit card transaction at a merchant establishment within 30 days of receipt of the card. I hereby authorise IndusInd Bank Ltd to issue me the above selected Debit Card and debit my bank account with the first year fee & subsequent annual fee. In the event of insufficient funds in my account to recover the fee, I hereby authorise the Bank to mark a lien in my account for the full or partial amount of debit card fee and recover the fee on availability of the funds. I acknowledge and understand that till such time the lien continues in the account, I / We will only be able to utilise the residual balance, if any. NOTE: For detailed Terms & Conditions and Schedule of benefits please visit www.indusind.com .			
Account holder's Signature: Date://	and somedure of sem	ento picase viste www.maa	
For Bank Use only			
We hereby confirm the following: Account has sufficient balance for First Year fee, <u>OR</u> Amount of the Initial Payment cheque includes Debit card fee and AMB/AQB as per the applied Account & Card Type.			
Customer has been contacted at the telephone number registered with the Bank and the following confirmation has been obtained: Issuance of the above selected Premium Debit card Debit the account for the First year Fee & the Annual Fee for the Premium Debit card Current correspondence address and contact number is the same as registered in the Bank's records			
Sourcer ECN:	DBM Name:		DBM ECN
Sourcer Name:	DBM Signature:		Customer Mobile No.:
IP Cheque Amount(for NTB only):	Date & Time of Calling:		Balance (at the time of calling):

Mandatory for NTB and existing customer

Strike off for existing customers

Ar 6 00 = Eff 02-05-2017

Strike off for NTB customers