

request

Provide SB Account IDs to be linked

POST OFFICE SAVINGS BANK

ATM Card / Internet / Mobile / SMS banking service request form

Please fill the application in block letters only

Post Office VEIVI G FO Date O													11/	(dd/mm/yyyy)										
*CIF ID	3 2	2 1	5	0	2	1	Į.	5	0	* Prii	mary ount		4	4	5	9	5	3 1	1 2	2 !	5	4	8	
1. *Applicant's Name																								
First Na	me		R	J	K	и	K	+	h	e	e	P	310	g										
Middle Name																								
*Last Na	ame																							
2. *ATM Card required for (please tick √ the relevant box)																								
(a) Self					(b	(b) Joint "B" Account Holder									(c) Not Needed									
3. * Please provide the below details:																								
Mobile Number 6378951260 PAN Number F											-	TF8512GM												
Email ID kultheepriagmail.com																								
Date of Birth(DD-MM-YYYY) D6/03/1976 Mother's Maiden Name										201	ino	1	Ц	-										
4. *Please tick relevant requirement from below options Post Office Blog																								
SI No	Request type															Tick √ the relevant option								
a.	Instant ATM Card																							
	New P	ersona	lized	ATN	/ car	rd (o	r) R	epla	ced	Pers	onal	ized	ATN	/I car	d				New request					
b.	Name	to be_p	rinte	d on	the	card	(No	t ex	cee	ding :	21 cl	nara	cters	incl	udin	g sp	ace)	<u>、</u> }	Replacement					

Note : For availing Mobile Banking services, Internet Banking is mandatory.

Linking of Secondary accounts existing active ATM card (Should be done once primary account card is activated)

ATM card hot-listing / closure request (Provide last 4 digits of the card number

(* marked fields are Mandatory fields)

Replacement with Instant ATM card

Internet Banking and Mobile Banking

ATM card PIN request

for closure only)

Internet Banking

SMS Banking

C.

d.

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f.

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h.