



देना बैंक
DENA BANK

INSTA DEBIT CARD APPLICATION FORM

Branch Manager,
Dena Bank,

Application No. _____

Date: _____

_____ Branch

Please issue me INSTA (Unnamed) Debit Card against my following account/s with your Bank.

OPTION-A[] OPTION-B[]

(Pl. mark ✓ one option)

Option A: I shall maintain a quarterly minimum average balance of Rs. 5000/- (In the event of this quarterly minimum average balance not being maintained, Rs. 50/- will be debited from my account per quarter).

Option B: Annual card fees of Rs. 100/- plus Service Tax (at current rate) may be debited to my A/c with you.

Name of the account holder: _____ Date of Birth _____

Father's/Husband's Name _____

Address: Flat/House No. _____ Building _____

Street _____ Area _____

City _____ Dist _____ Pin _____

Tel.(O) _____ (R) _____ Mobile _____

E-mail ID: (i) _____ (preferred)

(ii) _____

I would like to link my following Saving/~~Current~~ Account* to Debit Card

Branch _____

(a) Primary Account: SB/CA No. _____

Title of the A/c _____

(b) Other Account: Branch _____

(i) SB/CA No. _____ Title of A/c _____

(ii) SB/CA No. _____ Title of A/c _____

DECLARATION/ UNNAMED DEBIT CARD UNDERTAKING: I confirm that I am a sole account holder. I accept full responsibility for my Dena INSTA Debit Card and agree not to handover the card/disclose PIN to any one. I shall be fully responsible for the transactions done on the Card at ATM/POS Terminal(s).

Signature: _____

Name: _____

INSTA (Unnamed) Debit Card is provided only for accounts where mode of operation is self/either or survivor/anyone survivor. Debit card is not issued to Trust accounts and against borrowal accounts. For linking different A/cs to one INSTA Card, the Title of the A/c MUST be the SAME, e.g. a single A/c cannot be linked to a joint A/c and vice versa.



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FOR BRANCH USE ONLY

Signature/address of customer and mode of operation of the Account(s) verified. The conduct of the account during the last six months is satisfactory / customer has good financial standing (in case of new accounts). We are issuing Unnamed Debit Card.

Name of the verifying Authority: _____

Signature of the verifying authority (with P.A. Number). _____

Branch _____

Date _____

FOR DATA ENTRY

a) Application Received on _____

b) Unnamed Debit Card/PIN delivered by _____

on _____

We have delivered the correct card and PIN number to the customer and the same exact no is entered at the Menu on CBS Software.

c) Signature of Officer (with P.A. Number): _____

ACKNOWLEDGEMENT/UNDERTAKING

Received INSTA Debit Card and PIN in good condition. I also confirm that I have verified that the Card Number on the Card and PIN Mailer is same. The Branch officials have explained the concept to me and accordingly I will make the first withdrawal on ATM after 1 day from now, so as to activate the card.

Card No. _____

I have read and understood the terms and conditions governing the usage of INSTA Dena Debit Card. I accept to be bound by the terms and conditions or to any changes made therein, from time to time, by the Bank at its sole discretion without any notice to me.

Signature of the Card Holder _____

Date: _____