



**Sri Sudha Co-operative Bank Limited**  
**195/33, "Sri Sudha Rajatha Bhavana", R.V Road,**  
**Jayanagar, Bengaluru - 560004.**

**APPLICATION FORM FOR RUPAY ATM CARD/ MOBILE BANKING/SURRENDER/DUPLICATE RUPAY CARD**

**Personal Details:**

Full Name: \_\_\_\_\_  
Name to be embossed on Debit Card (20 characters only) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Pin code: \_\_\_\_\_  
Tel (Res): \_\_\_\_\_ Tel (Office) \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

**For RuPay Debit Card:**

Branch: \_\_\_\_\_ SB/CA No: \_\_\_\_\_  
(The said SB/CA account will be linked to RuPay Debit Card.)  
Reason for applying Duplicate Card: \_\_\_\_\_  
Customer's ATM Card No. for surrender \_\_\_\_\_

**For Mobile Banking:**

Mobile No. \_\_\_\_\_

**Declaration:**

I have read and accepted the "Terms and Conditions" displayed on [www.srisudhabank.com](http://www.srisudhabank.com) which can be amended from time to time regarding the use of RuPay Debit Card and Services of Mobile Banking. I accept and agree to be bound by the said "Terms and Conditions" limiting the Bank's liability. I understand that the Bank may, at the absolute discretion, discontinue any of the service completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable for time to time. I understand that all the operations effected through use of,  RuPay Debit Card and  Mobile Banking are binding by me. Further, I assure you of maintaining monthly instalment amount in my loan account, failing which you are at liberty to freeze my account.

Date: \_\_\_\_\_

SIGNATURE OF THE ACCOUNT HOLDER

**For Office use only**

Signature of the above account holder is verified and is as per the records. Mode of operation verified KYC complied. All above accounts & mobile No. are linked to customer No.:  
Recommended to issue RuPay Debit Card (In case of Joint account holders a separate mandate is to be obtained from other account holders).

(Name and signature of the Authorised Officer)

With his/her employee code:

Branch Seal / Stamp