इण्डियन ओवरसीज़ बैंक
Indian Overseas Bank

APPLICATION FOR DEBIT CARD

Branch Name _____ **Branch Code** | | | | | **Customer ID** _____

***Applicant's Name Mr./Ms.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Address/Telephone	*Residence	Office
Door No/ Street		
*City/District/State		
*Pin Code		
*Mobile No:		
Email ID:		

***Account Details:** SB | CD ***A/C No.** | | | | | | | | | | | | | | | |

***Date of Birth:** | | | | | | | | | ***PAN/GIR No.** | | | | | | | | | | |

***PASSPORT No:**_____ ***Annual Income: Rs.**_____ **Nationality:** _____ **NRI** YES | NO

***Card Requested for:** New | Replacement | Upgrade | Personalised Card | Insta Card

If Replacement: Reasons | Lost | Damaged

****Important Notice: As per RBI guidelines, cards will be issued for Domestic ATM/POS usage only. At the time of Card activation, ECOM, Contactless and International Operation can be enabled, based on the specific request.**

DOMESTIC ☐	INTERNATIONAL ☐
ATM ☐	ATM ☐
POS ☐	POS ☐
ECOM ☐	ECOM ☐

CONTACTLESS TRANSACTIONS	YES	NO

OFFLINE WALLET FACILITY	YES	NO

***TYPES OF THE CARD**

RUPAY
- Classic ☐
- Platinum ☐
- Select ☐
- PMJDY/Mudra/Kisan ☐

VISA
- Classic ☐
- Gold ☐
- SME ☐
- Platinum ☐
- Signature ☐

MASTER
- Gold ☐

Declaration:

I/We declare that the above information is true and correct. I/We clearly understand that all operations effected through this Debit Card at any of the ATMs/PoS/Ecom are binding on me/us. I/We have read the terms and conditions governing the use of Debit Card Facility and agree to the terms/conditions and also agree to abide by any amendments stipulated by the Bank from time to time.

*Signatures (in case of joint accounts operated by anyone or survivor, all account holders to sign the application)

No.	Name	Signature	No.	Name	Signature

FOR BRANCH USE:

Charges, where applicable, recovered: Rs._____Application Ref No._____

*Roll no. of the applicant, in case of staff: _____Application Processed & Bonafides Verified. Debit Card may be issued.

Card No:_____

Date: _____ Entered By: _____Approved By:_____