



UCO BANK

**APPLICATION FORM FOR
UCO VISA DEBIT CARD**



.....Branch
Branch ID
(Use block letters)

Date:

Name in full	Mr./Ms.....	Date of Birth	D	D	M	M	Y	Y	Y	Y
Name to be embossed on the card (max. 25 Char.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
	Surname	Middle name	First name	(Leave one box blank between Surname/Middle name/First name)						

Primary Account		Secondary Account	
Account Type	Number	Account Type	Number

Mailing Address (Please) Residence Office Business

CITY											PIN
Phone No. (R)											
Phone No. (O)											
Fax No.											
Mobile No.											
Email ID											

Declaration : I have read and understood the terms and conditions relating to various services under UCO Visa Debit Card and I agree to abide by and be bound by them as they have in force now and will be in force from time to time for the card. I request you to provide me the UCO Visa Debit Card and the PIN (Personal Identification No.). I agree

- to change my PIN periodically for maintaining secrecy of my account level information.
- to keep my PIN confidential without giving any room for its disclosure to any person .
- to be responsible for any disclosure of my PIN or account level information to any person and that the Bank shall not be held responsible for any loss or damage caused to me on account of such disclosure.
- that the Bank may at its absolute discretion discontinue the facility completely or partially without any notice to me.
- that the Bank may debit my primary or secondary account for operations through the UCO Visa Debit Card.

Further I authorize you to debit my account with the applicable service charges for use of the card at any Point of Sales/ at any Visa enabled ATM other than Bank's own ATM.

Specimen Signature

Signature of Applicant

(For Branch use only)

Visa Debit Card No.

Date of Issue :

Signature and the account number of the applicant have been verified. Visa Debit Card may please be issued.

Date :

Signature of Authorised Officer
Name:
PFM No. :