INCOME TAX DEPT. CO-OP BANK LTD., MUMBAI
इन्कम टॅक्स डिपार्टमेंट को-ऑप. बँक लि., मुंबई

H. O. : 2208 8417
Piramal : 2410 2665
BKC : 2657 0149
Telefax : 2208 8418

H. O. & Branch Off. : Aayakar Bhavan, M. K. Marg, Churchgate, Mumbai - 400 020.
Email : incometaxcoopbank@gmail.com • itdcblho@incometaxbank.co.in
Website : https://incometaxbank.co.in

APPLICATION FORM FOR "ATM DEBIT CARD"

For Office Use: -

Application Sr.No.	
A/C No.	
CIF No.	

PERSONAL PARTICULARS

1 Mr./Mrs./Ms. _____
. (Surname) (First Name) (Middle Name)

2. Name to be embossed on _____
(Not more than 16 letters)

3. Date of Birth_____. 4. Gender: Male ☐ Female ☐
DD - MM - Y Y Y Y

5. Permanent Address: _____

_____ Pin Code _____

6. Office Address & DDO : _____

7. Contact No:- 1)_____ 2)_____

8. E-mail Address: _____

Declaration:

I declare that above information is correct. I request Income Tax Department Coop Bank Ltd to issue a Debit Card to me. I have read and understood the terms and conditions governing the usage of debit card. I accept to be bound by the said terms & conditions or to any changes made therein from time to time by the bank at its sole discretion without any notice to me.. I unconditionally and irrevocably authorize the Bank to debit my account with an amount equivalent to the fees and charges for use of my Debit Card. I, without prejudice to the above, accept Banks lien on all my deposits, present and future, held in the SB A/c as well as any other Deposit account/s. I understand that upon issuance of Debit Card, my previous ATM card of Income Tax Department Co-op Bank of India will be deactivated. I undertake to fulfill and abide by all guidelines issued by Income Tax Department Coop Bank from time to time regarding the International use of Debit Card and foreign currency transactions

Date:

Applicant Signature