Andhra Pradesh Mahesh Co-operative Urban Bank Ltd Ltd.

(Multi State Scheduled Bank)

H.O8-2-680/1&2, Road No.12,Banjarahills,Hyderabad - 500 034(A.P.)

Tel: +91(40) 23437100-103 & 105 ; 24615296-99; Fax:040-24616427

Website: www.apmaheshbank.com Email: info@apmaheshbank.com

APPLICATION FORM FOR ATM cum Debit Card

The Branch Manager, _____/_____/_____

_____Branch DD/ MM / YEAR

Dear Sir,

I / We wish avail to ATM-cum-Debit Card services offered by the Bank. As such I / We request you to arrange for issuing ATM Card as per the details mentioned below:

Name																										

Name to be appeared on the card (Maximum up to 18 characters – Shorten form of the full name – should not be a nickname)

*** Mother's Name**																					

Address																								
												Town / City												
State													**Pin code**											
Telephone												**Mobile**												
*** Date of Birth**																**Male / Female**								
Email																								

* Shall be filled in correctly, as this information may be used for identification of the customer.

Nationality _____ Resident/Non Resident

My / our account on which I / We request ATM services

Account Type	SB	CA
Account No		
Branch Name		

I / We hereby declare to abide by the rules/terms & conditions as applicable to Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd ATM / ATM-cum-Debit Cards. I/We will follow the stipulated guidelines for usage of Andhra Pradesh Mahesh Co-operative Urban Bank Ltd ATM / ATM-cum-Debit Card and comply with the existing as also the modifications, if any made by the bank from time to time without reference to me/us.

Place:

Date: **Applicant's Signature(s)**

----------**FOR OFFICE USE** ----------

Card No._____ **Date:** _____

The request of the customer may be considered favorably and the ATM Card may be issued as per the above details.

Above signature(s) verified **Branch Manager Signature with Seal**