



MODEL CO-OP. BANK LTD.

Your Development Partner

ATM Application Form – (TO BE FILLED IN CAPITAL LETTERS)

Application No. :

Customer No. :

Card No. :

Branch: _____

PAN Number:

Date: _____

Name (as desired on the Card): _____

Full Name: _____

First Name

Middle/Husband

Surname

D.O.B :

Gender: MALE FEMALE

SMS Alert: Yes No

I confirm that I am the sole account holder or I have the required mandate enclosed from the joint account holder(s) to singly operate the accounts.

Mobile No. :
Landline No. :

Email ID: _____

Change of Mailing / Permanent Address:

Kindly provide proof of the new mailing / permanent address along with this form (*mandatory if your account is less than 1 year old or in case of change in permanent address). Address need to be mandatorily mentioned below, even where there is no change in the mailing address.

Permanent Address: _____

State: _____ Pincode: _____

ACCOUNT POOLING / LINK

Primary A/c No. :
Secondary A/c No.(1):
Secondary A/c No.(2):

I have submitted all K.Y.C documents to the Bank. I confirm that I am the sole account holder or I have the required mandate enclosed from the joint account holder(s) to singly operate the accounts.

Signature: _____

Date: _____

Place: _____

Declaration

I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of ATM / Debit Card / SMS Alerts service of Model Co-op. Bank Ltd. I agree on my own behalf or as the mandate holder on behalf of the joint /account holders and will adhere to all the terms/conditions of opening, availing and operating usage of ATM / Debit Card / SMS Alerts service as may be in force from time to time.

I declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I, and other joint account holders, have not withheld any information.

I agree and undertake to provide any further information that Model Co-op. Bank Ltd. may require. I agree and understand that Model Co-op. Bank Ltd. reserve the right to reject any application without providing any reason. I agree and understand that Model Co-op. Bank Ltd. reserves the right to retain the application forms, and the documents provided therewith and will not return the same to me.

I authorise Model Co-op. Bank Ltd. or their agent to make references and enquiries which Model Co-op. Bank Ltd. Consider necessary in respect of or in relation to information provided by me in this application.

Signature of Applicant(s)

1st Applicant

2ndHolder

3rdHolder

4thHolder

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SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Name: _____

Name: _____

Name: _____

Name: _____

Administrative Office: 501 Central Plaza, 166 CST Road, Kalina, Santacruz East, Mumbai-400098

Email Id: customercare@modelbank.in

Website: www.modelbank.in

Customer Care: 8080734488

For office use only

Signature of Customer and Mode of Operation of Account(s) verified: Yes KYC Compliant:

	Name of the Staff	Signature of the Staff
Verified By		
Master Updated By		
Authorised By		

Recommended



Branch Manager