



APPLICATION FORM FOR ATM / DEBIT CARD

Branch/ Distinctive No. _____ / _____

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Affix Passport Size Photograph (for Photo Based Personalised Card only)

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Request for issuance of ATM / Debit Card (Please tick)			
Request Type (Tick any one)	NEW <input type="checkbox"/>	RENEWAL/REPLACEMENT <input type="checkbox"/>	ADD-ON <input type="checkbox"/>
Request (Tick any one)	PERSONALISED <input type="checkbox"/>	NON PERSONALISED <input type="checkbox"/>	
Network Partners (Tick any one)	MASTERCARD <input type="checkbox"/>	RUPAY <input type="checkbox"/>	VISA <input type="checkbox"/>
Services (Tick any one)	DOMESTIC <input type="checkbox"/>		INTERNATIONAL <input type="checkbox"/>
Variants (Tick any one)	CLASSIC <input type="checkbox"/>	PLATINUM~ <input type="checkbox"/>	PLATINUM INTERNATIONAL~ <input type="checkbox"/>
	GOLD* <input type="checkbox"/>	SIGNATURE* <input type="checkbox"/>	SELECT^ <input type="checkbox"/> OTHER _____

~ PLATINUM & PLATINUM INTERNATIONAL VARIANT IS AVAILABLE WITH RUPAY & MASTERCARD ONLY
 * GOLD & SIGNATURE VARIANT IS AVAILABLE WITH VISA NETWORK ONLY
 ^ SELECT DEBIT CARD IS AVAILABLE WITH RUPAY NETWORK ONLY

1. (a) Name of Account Holder (in Block Letters)	
1. (b) Name of 2nd Account Holder (in Block Letters) <small>(Please attach separate sheet in case of more account holders)</small>	
2. (a) Name of Account Holder (in Block Letters) <small>(To be embossed on card – Max 20 characters)</small>	
2. (b) Name of 2nd Account Holder (in Block Letters) <small>(To be embossed on card – Max 20 characters)</small>	
2. (c) Name of 1st Add-On Card Holder (in Block Letters)* <small>(To be embossed on card – Max 20 characters)</small>	
2. (d) Name of 2nd Add-On Card Holder (in Block Letters)* <small>(To be embossed on card – Max 20 characters)</small>	

**For Add-On Card, please mention relation with the Account holder and Date of Birth of Add-On Cardholder.*

1 st Add-On Cardholder's relation with Account Holder _____	DOB	D	D	/	M	M	/	Y	Y	Y	Y
2 nd Add-On Cardholder's relation with Account Holder _____	DOB	D	D	/	M	M	/	Y	Y	Y	Y

3. Mobile No

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4. E-mail Id

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5. Secondary Account Linking: YES (If Yes, Please fill below Details) No

Details of Main and Linked Accounts:

Detail of Account	Type of Account (SB / CA)	Account Number
MAIN		
LINKED		
LINKED		

NOTE: The Main and Linked Accounts should be in the same name and capacity. The linked accounts can be used for Card based transactions.

6. Select address for delivery of card: (i) Branch Address (ii) Permanent Address (iii) Communication Address*

*Please ensure Address is updated in Bank Account for smooth delivery of Debit Card



NOTE: Cards which are undelivered to the Permanent / Communication Address shall be returned to the Branch Address. The customer has to collect the same within 60 days of card delivery at branch address after which the card shall be HOTLISTED/ CLOSED. In this scenario, fresh application needs to be submitted for new DEBIT Card.

General Terms & Conditions

Cardholder shall:		Bank shall:	
1	Ensure safety of his/her debit card/pin.	1	Not be held liable for any loss caused by a technical breakdown of the system.
2	Change his/her PIN frequently through any of the networked ATMs of PNB or through Retail Internet Banking.	2	Have no responsibility in respect of the goods/services provided by the merchant.
3	Notify the bank immediately after knowing loss/theft of debit card/PIN	3	Not be held responsible for any dispute the cardholder may have with any merchant establishments. In case of any disputed transaction bank shall credit account of cardholder on receipt of refund from Merchant Establishment through banking channel.
4	Bear the loss sustained (if any). up to the time of receipt of notification by bank at designated place about loss/theft of debit card.	4	At its discretion can take appropriate steps to terminate use of card for any valid reason.
5	Maintain sufficient balance in his/her account to perform successful transactions.		

How to Be Safe When Using Your Debit Card at ATMs & POS

1. Never keep your PIN number & card together
2. Do not write down or disclose your PIN number to anyone
3. In the ATM, while entering your PIN number, cover the keypad to avoid revealing your PIN to anyone around
4. Change your PIN number regularly as per your convenience
5. Once you have memorized the CVV number of your card please erase/blacken the CVV/CVD number to avoid misuse.
6. Register your mobile number for the SMS Alerts service to get instant alert messages about any activity on your account
7. Check your account statements/SMS sent by your bank regularly to cross check account details and transaction
8. You can restrict the card transaction limit and usage through internet banking service

Terms & Conditions, Offers, Facilities & Charges Are Subject to Change as Per Bank/RBI Guidelines from Time to Time.

Visit www.pnbindia.in for complete details.

**Do not share user id / password/OTP/CVV/PIN/Card details
With anyone, even if the person claims to be a bank official.**

Declaration:

1. I agree to abide by the terms and conditions related to ATM/Debit Cards as laid down by the Bank in the Bank's website as www.pnbindia.in.
2. I shall be using my ATM/Debit Card only if I agree to the terms & conditions stipulated by the Bank for the same.
3. I indemnify the Bank for all valid transactions undertaken through my ATM/Debit Card.
4. I undertake to safeguard my ATM/Debit Card and not share my PIN with anybody to ensure its safety.
5. I undertake that all transactions undertaken through the ADD-ON ATM/Debit Cards issued as per my request would be treated at par with transactions undertaken by me.
6. The details furnished above are true to the best of my knowledge and belief.
7. I agree to pay an amount of Rs. _____ for issuance of Debit Card and applicable annual fees, if any.

Signature of 1st Account Holder Signature of 2nd Account Holder Signature of 1st Add-On Cardholder Signature of 2nd Add-On Cardholder

FOR OFFICE USE ONLY: -

Details of accounts and signatures of the account holder (s) as given above have been verified & Card issued as per request.	
1. Signature of Authorised Personnel	2. Signature of Authorised Personnel