



LVB SIGNATURE DEBIT CARD APPLICATION FORM

Please fill all the details as per the fields below:	L	Jate: DD/MM/YYYY
Name of the Customer		
Customer id		
Account Number		
Mobile Number		
Email id		
Debit Card Type	LVB VISA SIGNATURE DEBIT CARD	
I/We authorize Lakshmi Vilas Bank Ltd. to issue the Lakshmi Vilas Bank Debit Card cum ATM Card to me/us. I/We acknowledge that the issue and usage of the Card are governed by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions are liable to be amended by Lakshmi Vilas Bank Ltd. from time to time. I/We understand that upon the issue of the Lakshmi Vilas Bank Debit Card to me/us, the existing Debit Card, if any, linked to my/our account will be deactivated.		
I/We further, unconditionally and irrevocably, authorize I issuance of the card first time and for the subsequent re I/We am/are aware that the offers/privileges under the a issuer company.	newal of the Debit Card.	
I/We hereby indemnify and keep indemnified the Bank consequences howsoever and whatsoever arising out o of time raise any objection or claim on the said transact so effected as valid, binding transactions conducted by the on the said account.	f issuance and use of the Debit Card to the ions and the Bank is well within the law to	e bank. We shall at no point deem the said transactions
Signature of the customer/Authorized Signatory	Place	Date
For Office Use:		
Signature and the account number of the applicant have be	een verified and the account holder is eligible	for issuance of debit card.
Application received on:		
Processed in the system on:	_	
50j.mmy.111		
Name of Authorized signatory (Please affix signature verified seal or Branch Round Seal)	Number	Signature