POST OFFICE SAVINGS BANK

ATM CARD/e-Banking/Mobile banking REQUEST FORM for existing customers who have opened accounts after Migration to CBS

Post Office:	SOL ID :	Date :_____

Account Number											CIFID									

For Applicant(s)

1. ATM Card required for (please tick √ the empty box)

Self		All Joint Account Holders	

2. Name to be printed (embossed) on the Card (in Capital Letters) **Date of Birth**

3. Please tick relevant requirement from below:

New Card (please tick one) 1. Insta Card ☐ (OR) 2. Personalized Card ☐

Internet Banking Request ☐ Mobile Banking Request ☐

PIN regeneration request:- Net Banking PIN ☐ Mobile banking ☐ Phone Banking PIN ☐ ATM Card Pin ☐

Cancellation of ATM card {Please provide card number(s)} ----------

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4. Internet Banking/Mobile banking and SMS alerts: (Please tick wherever applicable. Applicable only for the first time)

	Applicant (1)		Applicant (2)	
Internet Banking				
Mobile Banking				
SMS Alert				
Mother's maiden Name :				

Declarations/Terms & Conditions

I/We declare that above information is correct. I/We authorize Department of Posts to debit/ recover the charges as applicable from time to time from my/our account for withdrawals using my ATM/Debit Card. I/We undertake to maintain sufficient funds excluding the minimum balance stipulated in my account. I/We accept full responsibility for my/our ATM/Debit Card and agree not to make claims against Department of Posts in respect thereto.

Signature/Thumb Impression:- 1st Applicant 2nd Applicant 3rd Applicant

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For Office Use only

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

Following items issued:-

Insta ATM/Debit Card No. with PIN……..

Date of Issue……

Signature of Chief/Sr./Sub/ Postmaster