



Bank of Baroda

APPLICATION FOR BARODA DEBIT CARD

Attach a
passport size
photo of
Applicant/
Joint Holder

**The Branch Manager
Bank of Baroda**

Branch Name: _____

Dear Sir,

I/We request the Bank to issue a **New/Add-on/Replacement BARODA DEBIT CARD** to
Mr. /Ms / _____

I/We am/are maintaining my/our savings bank account no. _____ at your branch.

1. MY PERSONAL PARTICULARS ARE GIVEN BELOW:

(Please ✓ where applicable)

| | | | |
|---|-------------------|--|-----------------------|
| Name: _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| (Title) | (Surname) | (First name) | (Middle name) |
| SHORT NAME TO BE EMBOSSSED ON CARD (20 Characters only): | | | |
| [] | | | |
| (Surname) | | (Given Names) | |
| Street: _____ | City/Town: _____ | Postal: _____ | Ph (Res.): _____ |
| Ph (Bus.): _____ | Occupation: _____ | Annual Income: F\$ _____ | Marital Status: _____ |

2. JOINT A/C HOLDER'S PARTICULARS ARE GIVEN BELOW:

(Fill if applying for an add-on card)

| | | | |
|---|-------------------|--|-----------------------|
| Name: _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| (Title) | (Surname) | (First name) | (Middle name) |
| SHORT NAME TO BE EMBOSSSED ON CARD (20 Characters only): | | | |
| [] | | | |
| (Surname) | | (Given Names) | |
| Street: _____ | City/Town: _____ | Postal: _____ | Ph (Res.): _____ |
| Ph (Bus.): _____ | Occupation: _____ | Annual Income: F\$ _____ | Marital Status: _____ |

3. ACCOUNT DETAILS:

| | | |
|--------------------------|---|---------------------------------|
| Savings Bank Account No: | [] | |
| Passport No: _____ | Date of Issue: ____/____/____ | FNPF/Driver's License No: _____ |

4. CUSTOMER DECLARATION AND ACKNOWLEDGEMENT

I/We have received, read and understood the terms & conditions governing the usage of the debit card. I/We agree and accept the said terms and conditions and to any changes & modifications made therein from time to time by the Bank at it's own discretion without any notice to me/us. I/We accept the full responsibility for my/our debit card and agree not to make any claims against Bank of Baroda in respect thereto.

(Applicant's Signature)

(Joint A/c Holder's Signature)

Date: ____/____/____ (DD/MM/YYYY)

FOR BANKS USE

Branch Name: _____

DEBIT CARD NO. _____

Signature and particulars verified

Issuance of DEBIT CARD authorized

Signature of the Officer

Signature of Branch Manager

3

- These terms and conditions shall be construed and governed by the laws in force.

I have fully read the above terms and conditions and agree to abide by the same.

Savings A/c No:

[illegible]