The A.P.Mahesh Co-Operative Urban Bank Ltd.

(Multi State Scheduled Bank)

H.O.5-3-989, III Floor, Sherza Estate, N.S.Road, Hyderabad - 500 095(A.P.)
Tel: +91(40) 23437100-103 & 105 ; 24615296-99; Fax:040-24616427
Website: www.apmaheshbank.com Email: info@apmaheshbank.com

APPLICATION FORM FOR ATM cum Debit Card

The Branch Manager, _____/_____/_____
_____Branch DD/ MM / YEAR

Dear Sir,

I / We wish avail to ATM-cum-Debit Card services offered by the Bank. As such I / We request you to arrange for issuing ATM Card as per the details mentioned below:

Name																										

Name to be appeared on the card (Maximum up to 18 characters – Shorten form of the full name – should not be a nickname)

*** Mother's Name**																							

Address																								
												Town / City												
State													**Pin code**											
Telephone												**Mobile**												
*** Date of Birth**											**Male / Female**													
Email																								

* Shall be filled in correctly, as this information may be used for identification of the customer.

Nationality _____ Resident/Non Resident

My / our account on which I / We request ATM services

Account Type	SB	CA
Account No		
Branch Name		

I / We hereby declare to abide by the rules/terms & conditions as applicable to A.P. Mahesh Co-Operative Urban Bank Ltd ATM / ATM-cum-Debit Cards. I/We will follow the stipulated guidelines for usage of Mahesh Bank ATM / ATM-cum-Debit Card and comply with the existing as also the modifications, if any made by the bank from time to time without reference to me/us.

Place:

Date: **Applicant's Signature(s)**

----------**FOR OFFICE USE** ----------

Branch Name_____ **Card No**_____

The Signature of the customer is verified. The request of the customer may be considered favorably and the ATM-cum-Debit Card may be issued as per the above details.

Date: **Branch Manager Signature with Seal**