



Application Form For International Debit Card

Branch Name _____

Date of Application

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Name: (Person to whom card is to be issued)

Mr./Mrs./Ms. _____

Date of Birth _____

Father's/Spouse Name _____

Name as Desired on the International Debit Card

In Block Capital Letters (Maximum upto 18 characters)

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Address

Pin

Tel. No. (R) _____ Tel. No. (O) _____

Mobile No. _____ E-mail ID: _____

Details of Primary and Secondary account Number: -

Type of A/c.	Branch Name	Category of A/c. (SB, CA)	16 Digit Account Number
Primary			
Secondary			

Name of the Nominee _____ Relationship _____

If Nominee is Minor-DOB _____ Name of Guardian _____

(nominee details are required only for settling Insurance claim in unfortunate event of accidental death)

For Additional Card: - Name (Person to whom card is to be issued).

Mr./Mrs./Ms. _____

Date of Birth _____

Father's/Spouse Name _____

Name of Add on Cardholder as Desired on the Union Debit Card

(Maximum upto 18 characters)

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Tel. No. (R) _____ Tel. No. (O) _____

Mobile No. _____ E-mail ID: _____

[International Debit Card is issued only for accounts where mode of operation is self/either or survivor/any one or survivor. It is not issued to Minors/ trust accounts/ Companies/ Partnership/ Associations and against borrowal accounts].

DECLARATION/INTERNATIONAL DEBIT CARD UNDERTAKING

I/We have read and understood the Terms and Conditions governing the usage of Union Bank International Debit-cum-ATM Card. I/We accept to be bound by the said terms and Conditions or to any changes made therein from time to time by the Bank at its sole discretion without notice to me/us. I/We confirm that I/We are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Debit card singly. I/we understand that on the issue of International Debit Card to me/us the existing ATM Card linked to my/our account will be deactivated.

I/We accept full responsibility for the safe keeping of my/our International Debit Card and the secret PIN. I agree not to make any claims against Union Bank Of India in case of misuse of the Card and PIN due to my negligence. I/we agree to provide any information from my/our account to Union Bank of India.

Date: _____

Signature of First Applicant: _____

Place: _____

Signature of second Applicant: _____

FOR BRANCH USE ONLY

Signature of Customer and Mode of Operation of the account(s) verified. The conduct of the account during the last six months is satisfactory/It is a New Account. We hereby recommend issuing the International Debit Card.

Signature of the verifying Authority _____

Name of the verifying Authority: _____

P.A Number _____ **Branch** _____

Date: _____