

Branch : No.332, 1st Floor, Narayanashastry Road, Devaraja Mohalla, MYSORE - 570 004. Ph : 0821 2420047

Email : cocb1916@gmail.com Web : www.cocb1916.in

APPLICATION FOR RUPAY DEBIT CARD

From	Date:	Date :	
		Recent	
		Passport Size Photograph	
To,			
The Manager COCB Ltd			
Bangalore / Mysore	L		
Dear Sir / Madam,			
	bject : Request for issue of RUPAY DEBIT CARD		
NAME OF THE ACCOUNT (In Capitals as in Aadhar Ca	HOLDER:		
AADHAR NO.: (enclose a copy of Aadhar)			
PAN NO.:			
(enclose a copy of Pan)			
ACCOUNT NUMBER :			
MOBILE NUMBER :			
DATE OF BIRTH : (DD/MM/YYYY)			
Email ID :			
set out therein. I accept to be to time. I undertake that the us	he issuance and usage of COCB Ltd Rupay Debit Card are governed by the bound by such terms and conditions unconditionally and to any changes mage of card is strictly in accordance with the exchange control Regulations the event of any failure to do so I am aware that I am liable for action under	nade therein from time / other RBI guidelines	
Thanking You,			
Yours faithfully,			
(SIGNATURE OF THE AC	COUNT HOLDER)		
FOR OFFICE USE:			
1. CARD NO :			
2. ISSUE DATE :			
3. SIGNATURE OF TH	E OFFICER:		