The Branch Manager, ADCC Bank	Branch Application form for ATM CARD $\frac{1}{DD} / \frac{1}{MM} / \frac{1}{YEAR}$
Br	
Dear Sir,	g the facility of using ATM Card, I/We furnish the information below.
The particulars are as u	Surname First Name Middle Name
Date of Birth (I	Gender M F
Name as required	on card
(Not to exceed 20 ch	naracters) (No Nicknames) (Please leave one blank space in between each name)
A/C. No. SB/CD/OD/	
Customer No.	
Residential Address	
Office Address	
Tel. No. (O)	(R)
Mobile No.	E-mail
PREFERRED ADDRE	ESS FOR DELIVERING ATM CARD/PIN MAILER: OFFICE RESIDENCE
I/We hereby declare to the stipulated guideling made by the bank from my account.	o abide by the rules/terms & conditions as applicable to ADCC Bank ATM Card holder. I/We will follow nes for usage of ADCC Bank ATM Card and comply with the existing as also the modifications, if any m time to time without reference to me/us. And also authorise the bank to debit the charges if any to
Signature	
L	(In case of Joint a/c. all holders must sign)
FOR BANK USE ONLY	
Applicantion No	
Card No	Above signature (s) verified
Date:	Sign of authorized officials with seal
"Received the ATM Card, in sealed and good condition" (Signature) (Signature)	
(Signature)	(Signature)