

Application Form - Add-on RuPay Debit Card



**THE KALUPUR COMMERCIAL
CO-OP. BANK LTD.**

Platinum Classic RuPay Debit Card

Details of Add-on Applicant

Date : _____

*Applicant Title

Mr. Mrs. Ms. Dr.

*First Name

*Middle Name

*Date of Birth

*Surname

Nationality Resident Indian Foreign National

Gender

M F T

*Relationship with Primary Holder Spouse Son / Daughter (Over 18 Yrs.) Brother / Sister (Over 18 Yrs.) Parents

Address

Landmark

City

Pin Code

State

STD Code

Landline No.

Contact Number

E-mail ID

KCCB Bank Saving AC No.

***Details of the Primary Applicant**

*Name _____

KCCB BANK DEBIT CARD No. _____

*(as mentioned on the Debit card)

***KYC document required**

(All Document need to be self attested by the Add on applicant)

ID document (Any one of the below)

Copy of PAN Card / Valid Passport / Election Copy of Photo Identity issued by Govt. Defense Service / Public Sector undertaking Copy of Printed Ration Card with photograph of applicant
 Copy of Photo Social Security Card (Smart Card) Issued by Central / State Government / AADHAR CARD Copy of Valid Driving License

Address Proof (Any one of the below)

Copy of Valid Passport Copy of Ration Card Utility bill such as electricity/telephone/postpaid mobile bill/house maintenance bill/water bill / gas bill/latest property tax (Not more than 3 months old)
 Copy of Government ID card with photo and address Latest Copy of Bank Statement

***Declaration by Primary Applicant**

I have applied for additional card (available for Resident Indian spouse, brother, sister or child over 18 years of age) Further, I Agree that all communication pertaining to the Add-on cardholder shall be addressed to me. I understand and undertake that the usage of the KCCB Bank card shall be strictly in accordance with all applicable laws (Including without limitation to any government acts, orders, decrees, guidelines, rules and regulations and in the event of any failure to do so I will be liable for any action

Place :

Date : _____

Primary Applicant Signature

*** For Office Use Only**

CIF ID _____

Address & Customer Details verified

Officer Sign _____

ABM Sign _____

Date _____