

Head Office: "Kalupur Bank Bhavan," Nr. Income Tax Circle, Ashram Road, Ahmedabad-14
 Phone: 079-27582020 to 27582026 Fax: 079-27544450, 27582033

DEBIT CARD APPLICATION FORM

(Current Account / Non Individual)

Branch Name : _____ Branch Code _____ Date : _____

Current AC Number :		Customer Identification No.	
Company Name :			
Address :			
	City		Pin Code
Phone			

2. CORRESPONDENCE / MAILING ADDRESS : OF CARD HOLDER

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub-Division

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

Phone No.

E-mail ID :

Mode of Operation

1. Private Ltd.

2. Public Ltd.

3. Partnership

Photo
of
Card Holder

For Office Use :

Branch Name _____ Branch Code _____ Date _____

DECLARATION / DEBIT CARD UNDERTAKING

Signature of customer and Mode of Operation of the Account(S) verified, Charges levied and here by authorised to issue the Debit card

Reason for Issue

New Card

☐

Lost Card

☐

Damaged Card

☐

Others

☐

Name of the Verifying Authority

Employee Code

Signature of the verifying Authority

Letter of Indemnity of Private Limited / Public Limited

We hereby certify that following are the true extracts of resolution passed at the Meeting of the Board of Directors of the Company held on _____ day of _____

We, 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Directors of the Company Named _____ (Hereinafter referred to as the "Company") have a current account bearing no _____ With Kalupur Bank. _____ Branch (Hereinafter referred to as the Bank authorize) _____ (Name of Card holder)

to Solely withdraw cash, deposit cash, to do the balance enquiry, to transfer funds, to change PIN, to use card for merchandise purchases etc. on behalf of the Company. The Bank is issuing the Debit Card to the said Director on the request of the Company, vide this application form in addition to the cheque book(s) for operating the account.

We hereby agree that the related PIN for the purpose, will be kept under the safe custody of the said Director and that the said Director would use the card for the purposes as specified by the Company and not for his individual use or otherwise. Any misuse at the hands of the Director in any manner whatsoever shall be at his/her risks. and consequences and the Bank shall not be liable for the same.

We hereby agree that in the event there is any change in the Constitution of the Board of Directors of the Company, it would be onus of the existing / continuing Directors to inform the Bank and the Bank shall not have any liability of the actions carried out by the outgoing Director till it is intimated to the bank in writing and received by the Bank.

We hereby agree that in case of any dispute amongst the Director/s winding up of company for which the operations on the account needs to be stopped, a letter to this effect needs to be sent to Kalupur Bank.

We hereby agree that in case of death, insanity or insolvency of any Director/s, the Bank would stop the operations in the account and the Debit Card would be hot listed within 48 hours after intimation of the same to the Bank. The Bank is not responsible for any loss to the Company in such events and it is the onus on the discontinuing Director/s and/or the company to inform the Bank of such events.

In the premises aforesaid, we, our successors, assigns and legal heirs hereby indemnify and keep indemnified the Bank of, from and against all losses, damages, costs, charges, claims, disputes and consequences whatsoever arising out of issuance of the Debit card to the Director as requested by the Company as aforesaid without any demur.

We here by agree and undertake to furnish latest KYC's of Company and its Directors.

The Company hereby is authorized to execute this Indemnity in favor of the Bank indemnifying the Bank against all losses, damages, costs and consequences arising out of the operations of the Debit card by the Director.

Certified to be true for (Name of the Company) _____

(Signature of the Chairman)
(With Seal)

(Signature of the Director)
(With Seal)

(Signature of the Director)
(With Seal)

(Signature of the Director)
(With Seal)

Place : _____ Date : _____

Letter of Indemnity of Partnership Firm excluding LLPs

We,

1. _____ 2. _____ 3. _____ 4. _____
are the partners in the firm (M/s. _____) and are hereby executing this letter of indemnity as herein below :

We hereby confirm that we have entered into a partnership deed dated _____ (Partnership Deed) and are carrying out business in the name and style of M/s. _____ (Partnership Firm) The Partnership Deed is executed under the Indian Partnership Act, 1932 and is enclosed herewith along with this application form.

We hereby acknowledge that in terms of the Partnership Deed, Shri _____ is designated as the Managing Partner and has the necessary powers to conduct day to day affairs of the business and also open and operate the bank account for and behalf of the Partnership firm in any bank as so he desires.

We are aware and acknowledge that Partnership Firm with full consent of all the partners and in terms of the Partnership Deed has opened an account with Kalupur Bank, _____ (Branch Name)

The Bank has agreed to issue an ATM/Debit card in the name of the Managing Partner vide this application form to enable him to operate the Partnership Firm's account through ATM/Debit Card on the request of the Partnership Firm and we agree and acknowledge the same.

We, in our capacity as partners of the Partnership Firm, hereby indemnify the Bank jointly and severally in considerations of the Bank issuing the ATM/Debit Card to the Partnership Firm as hereunder :

1) That all or any transactions carried by the said managing Partner and/or any other partner by using the ATM/Debit Card shall be binding on all the partners of the Partnership Firm.

2) We shall at no pont of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the Partnership Firm represented by all its partners on the said account.

3) We hereby confirm and consent that the Partnership Firm and all its partners shall be liable jointly and severally for the transactions done by the Managing Partner who is authorized to receive and operate the ATM/Debit Card vis a vis the Partnership firms account.

4) We, jointly and severally as partners of the Partnership Firm, agree that we shall abide by the bylaws rules and regulations stipulated by the Bank, from time to time, in relation to the operation of the ATM/Debit Card. We also agree that we shall forthwith surrender the ATM/Debit Card upon request by the Bank.

5) We further confirm that we shall jointly and severally be liable for any claim, costs, damages, expenses, and / or other liability which may arise to the Bank or its successors or assigns in business by virtue of the said operations of the said account by the Managing Partner or by any other partner by the use of the said ATM/Debit Card. We jointly and severally undertake to indemnify the Bank and make good the said claims to the Bank.

6) We further undertake that we shall we shall keep the Bank informed in writing about any change in the Partnership structure i.e. any addition or retirement of the partners and any reconstitution of the Partnership firm and dissolution of firm shall be notified to the Bank forthwith and the copy of the Partnership Deed of the reconstitute firm shall also be submitted to the Bank.

We here by agree and undertake to furnish latest KYC's of Partnership Firm and its partners.

7) We confirm that this understanding shall be binding not only in our capacity as partners but also in our individual capacity and shall bind our respective legal heirs, executors and assigns.

Dated _____ day of _____ Signed and Delivered by the within named.

(Signature of the Partner)
(With Stamp)

(Signature of the Partner)
(With Stamp)

(Signature of the Partner)
(With Stamp)

(Signature of the Partner)
(With Stamp)