



APPLICATION FORM FOR DEBIT CARD

Account No : \_\_\_\_\_ CIF No : \_\_\_\_\_

To, \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / 20  
The Manager, \_\_\_\_\_  
\_\_\_\_\_ Branch

I wish to apply for the following facilities of Unity Small Finance Bank Ltd.

RuPay card : Easy ☐ Freedom ☐ Power ☐

Type of card : Personalised ☐ Insta card ☐

My personal details are as given below ( \* Mandatory to fill details)

Full Name:

Address \*:

City \* : 



 Pin Code \* :

Tel No (Res) : 



 DOB \* :

Mobile Number \*:

Mother's Name \*:

e-mail ID \*:

Name to be embossed on Debit card \* (25 characters only including spaces) :

Reason for applying Duplicate / Change or Replaced card : \_\_\_\_\_

Details of surrender / replacement RuPay Debit card :

(Existing RuPay Debit card will be deactivated immediately from the date of re-issuance the RuPay Debit card)

Your RuPay Debit card comes with contact less technology. This means where ever customer sees a contact less symbol at any merchant location, he/she can pay for items through Tap & Go Debit card.

- i ) Applicable only for account with operating instructions as Single, Either / Anyone or Survivor, Only First, **Former** or Survivor
- ii ) No PIN is required up to Rs. 5000/- per contact less transaction.
- iii ) Issuance charges and Annual charges are applicable for RuPay Debit cards.

**Declaration :**  
I have read and accepted the “Terms and conditions” displayed on [www.theunitybank.co.in](http://www.theunitybank.co.in) which can be amended from time to time regarding the use of RuPay Debit card and services of Mobile Banking related to RuPay Debit cards. I accept and agree to be bound by the said “Terms and conditions” limiting the Bank’s liability. I understand that the Bank may, at the absolute discretion, discontinue any of the service completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable from time to time. I understand that all the operations effected through use of RuPay Debit card are binding on me.

\_\_\_\_\_  
Name of the 1<sup>st</sup> Account Holder

\_\_\_\_\_  
Signature

Date :     /     /

\_\_\_\_\_  
Name of the 2<sup>nd</sup> Account Holder

\_\_\_\_\_  
Signature

Date :     /     /

\_\_\_\_\_  
Name of the 3<sup>rd</sup> Account Holder

\_\_\_\_\_  
Signature

Date :     /     /

**For Office Use Only**

Signature of the above account holders is verified and is as per the records. Mode of operation of account verified.  
The said account is KYC complied.  
The above account number, Mobile number, e-mail ID is linked to Customer No. 

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Recommended to issue RuPay Debit Easy / Freedom / Power card.

\_\_\_\_\_  
**(Name and Signature of the card issuing official)**  
**(With employee code)**

\_\_\_\_\_  
**(Name and Signature of the checking official)**  
**(With employee code)**

Date :     /     /