



# ODISHA GRAMYA BANK

(A Govt. of India Undertaking)

## APPLICATION FORM FOR ATM / DEBIT CARD FOR INDIVIDUALS

Please read instructions / Terms & Conditions (given overleaf) carefully before filling up the form

Name(in block letters)	Mr./Ms./Dr.																																			
Address /Telephone		Residence											Office																							
House/Company name																																				
Area Name																																				
City/District/State																																				
Pin Code																																				
Telephone (with STD Code)																																				
Email ID																																				
Cell No	0																				0															
A/C No.																																				

Account Details :	<input type="checkbox"/> SB	<input type="checkbox"/> CD	<input type="checkbox"/> CC		
Operation Details :	<input type="checkbox"/> SELF	<input type="checkbox"/> E-OR-S			
Edu. Qualification :	<input type="checkbox"/> Graduate	<input type="checkbox"/> P.G.	<input type="checkbox"/> Diploma	<input type="checkbox"/> Others	
Occupation :	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Services	<input type="checkbox"/> Business	
Marital Status :	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	
Sex :	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Mailing Address :	<input type="checkbox"/> Residence	<input type="checkbox"/> Office	Nationality		
Customer Type :	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	Date of Birth		
PAN/GIR No :			Spouse Name		
Passport No:			Spouse DOB		
Monthly Income			Wedding Day		

<b>Card requested for :</b>			
New/Replacement	If Replacement	Card No.	
		Reasons	
Details of Other OGB Debit Cards held			

**Declaration:**  
I/We declare that the above information is true and correct. I/we clearly understand that all operations effected through this Debit card at any of the Instacash ATMs or shared ATMs of other banks or POS terminals at merchant establishments or through internet are binding on me/us .I/ We have read the terms and conditions governing the use of Debit card facility and agree to the terms/conditions and also agree to abide by any amendments stipulated by the Bank from time to time  
**Signatures**(In case of joint accounts operated by Anyone or Survivor, all joint account holders are to sign the application)

No.	Name	Signature	No.	Name	Signature
1			2		

<b>For BRANCH USE</b>					
Charges wherever applicable, recovered : Rs			Application Ref. No.-----		
In case of replacement card, we confirm :					
Withdrawal Limit recommended, without verification of balance		<input type="checkbox"/> Rs. 1000	<input type="checkbox"/> Rs. 2000	<input type="checkbox"/> Rs. 3000	<input type="checkbox"/> Rs. 5000
		<input type="checkbox"/> Rs. 10000	<input type="checkbox"/> Rs. 15000	<input type="checkbox"/> No Limit	
Roll No of the Applicant. In case of staff :					
Date					
Customer ID					
Card No.					

Entered by

Approved by