Date:

कुमारी बैंक लिमिटेड
KUMARI BANK LIMITED
COMPLETE BANKING

Please affix Photograph of Supplementary Applicant

The Branch Manager
Kumari Bank Limited
..... Branch

Supplementary Visa Electron Debit Card

Dear Sir,

Please issue a supplementry Visa Electron Debit Card to Mr./Mrs./Ms. .....

..... my ..... (Specify your relationship) from my card account no.

4	3	9	1	2	8										

I hereby authorize you to debit my/our account for all fees, billings and any other charges related with his/her card. I hereby undertake full responsibility for all the transactions made by supplementary card issued against my account.

Date of Birth and specimen signature of Mr./Mrs./Ms. .....
is as follows:

D	D	M	M	Y	Y

Date of Birth

Specimen Signature of
Mr./Mrs./Ms .....

Sincerely Yours,

Authorized Signature

Card Holder's Name: .....

Account No.: .....

..... Branch

Date | D | D | M | M | Y | Y |

Encl: Photocopy of identification document of the supplementary cardholder.
One passport size photograph.

FOR OFFICIAL USE ONLY

Signature Verified by : _____

Approved by : _____

CMS set up by : _____

CMS Verified by : _____

Supp. Card Number : | | | | | | | | | | | | | | | | |

Card Made on : | D | D | M | M | Y | Y |

CIN Number : | | | | | | | | | | |