

APPLICATION FORM – SARASWAT BANK GIFT CARD

APPLICANTS PERSONAL DETAILS

Customer No	<input type="text"/>														
Applicant Title	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>									
*First Name	<input type="text"/>														
*Middle Name	<input type="text"/>														
*Surname	<input type="text"/>														
Address	<input type="text"/>														
Landmark*	<input type="text"/>														
City	<input type="text"/>				Pincode	<input type="text"/>			State	<input type="text"/>					
STD Code	<input type="text"/>			Landline	<input type="text"/>										
Contact Number*	<input type="text"/>				Email Id*	<input type="text"/>									
Date of Birth	D	D	-	M	M	-	Y	Y	Y	Y	Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Passport No.	<input type="text"/>				Passport Expiry Date	D	D	-	M	M	-	Y	Y	Y	Y
Voter ID Card	<input type="text"/>				Pan No.*	<input type="text"/>									
UID (Aadhaar)	<input type="text"/>														
Account No.	<input type="text"/>														

BENEFICIARY/DEPENDENT - INFORMATION

Name	<input type="text"/>												
Address	<input type="text"/>												
Landmark	<input type="text"/>												
City	<input type="text"/>				Pincode	<input type="text"/>			State	<input type="text"/>			
Contact Number	<input type="text"/>				Email Id	<input type="text"/>							

FOR BRANCH USE ONLY

BRANCH NAME	KIT NO
LAST 4 DIGIT OF CARD NO	AMOUNT LOADED
ACCEPTED BY	VERIFIED BY
NAME	NAME
EMP ID	EMP ID
SIGNATURE	SIGNATURE

PAY IN SLIP

DATE	BRANCH	SARASWAT CO-OP BANK LTD	
BRANCH	DATE	ACCOUNT NO:	
LOAD AMOUNT	NAME		
CHARGES	LOAD AMOUNT		
TOTAL	CHARGES		
IN WORDS	TOTAL		
	TOTAL AMOUNT (IN WORDS)		
CLERK/CASHIER	DY. MANAGER	CLERK/CASHIER	DY. MANAGER
			APPLICANT SIGN

DECLARATION BY APPLICANT

I hereby apply for the issue of a Saraswat Bank Gift Card to me and declare that the information provided by me in this application form is true and correct and that I am a Resident Indian and that I am eligible to apply for this card. I accept that Saraswat Bank is entitled at its discretion to accept or reject this application without assigning any reason whatsoever. I have read the terms and conditions applicable to Saraswat Bank Gift Card. I agree to be bound by these terms and conditions as may be in force from time to time. I agree to use the cards to pay for purchase at retail establishments, which have agreed to accept the card, and are equipped with a point-of-sale terminal that can process RuPay transaction. I agree that if I permit someone else to use my card, Saraswat Bank will treat this as if I have authorized that person to use my card and that I will be responsible for any transactions initiated by such person with my Card. Upon any purchase via a point-of-sale device the amount available on the card will be reduced by the amount of such purchase. I understand and agree that all available amounts at the time of expiry of the Card not claimed within 3 months from the date of expiry of the Card shall be forfeited to the Bank.

Date: Place:

Applicant Signature