

**IME Co-operative Service Ltd.**

आइएमएस को-अपरेटिव सर्विस लि.

IME CO-OPERATIVE SERVICE LTD. DEBIT CARD APPLICATIONAccount Type/ खाताको प्रकार ☐ Individual/व्यक्तिगत ☐ Joint/संयुक्त Branch/शाखा _____**REQUEST FOR NEW CARD**

Please issue me/us a new Debit Card(s) as per details below/कृपया मलाई/हामीलाई निम्न विवरण अनुसार डेबिट कार्ड उपलब्ध गराउनु होला ।

Account Number/खाता नं. ☐ Married/Unmarried ☐Account Holder's Name/ खातावालाको नाम Address/ ठेगाना Email Address/ ईमेल Mobile/Phone No मेवाइल नं./फोन नं.

Please Issue a supplementary SCT Debit card with details as under: / कृपया निम्न विवरण भएकोलाई पुरक कार्ड प्रदान गरिदिनुहोला ।

Name/नाम

Relation with Applicant/ आवेदकसँगको सम्बन्ध _____

Full Address/पुरा ठेगाना Email Address/ईमेल Mobile/Phone No मेवाइल नं./फोन नं. **REQUEST FOR REPLACEMENT(S)**Replace my/our existing card (s) due to ☐ Loss/हराएको ☐ Theft/चोरी भएको ☐ Damage/नष्ट भएको ☐ Expiry/म्याद सकिएको

मेरो/हाम्रो कार्ड प्रतिस्थापन को कारण

Debit Card No/डेबिट कार्ड नं. **AUTHORISATION (S)**

I have read, understood and agree to abide by the terms and conditions as stated in back of this form: मैले यस फारमको पछाडी लेखिएका शर्तहरू पढी वाची सुनी सुनी सम्झी पालना गर्ने मञ्जुरी गरेँ ।

Account Holder's Signature

Date: _____

Joint Account Holder's Signature

Date: _____

BANK USE ONLY

Application Receipt date: _____

Branch Code: _____

Signature Verified: _____

Joint Account Signature Verified: _____

Client Code: _____

Expiry Date: _____

Old Card No: _____

New Card No: _____

Verified BY: _____

Approved BY: _____