



IME CO-OPERATIVE SERVICE LTD. DEBIT CARD APPLICATION

Account 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/ इमेल

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/इमेल

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 गर्ने ।

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: _____