



## Application form for Issuance/Re-Issuance/Blocking/Un-Blocking/Linking/Delink of Debit Card

I wish to apply for Bank of Baroda Debit	t Card Name o	of the Branch
My/Our Account Type	Account Number	
Request for New Re-issuance Card Blo	cking Card Un-Blocking	Card Account Link
1. Name	Cust	tomer ID
Date of Birth DD / MM / YYYY)	Gender M	1ale Female Third Gender
Name as required on card		
(Not to exceed 20 characters) (No Nicknames *In case of re-issuance, the name of debit ca  2. Card Variants (Tick any one)  Visa Classic RuPay	ard shall be as available in account nam	SCAN TO KNOW MORE
*The debit card variant shall be application for	or issuance as per account scheme elig	gibility
3. Mobile No.	E-Mail	
4. Existing Debit Card No.		
CARD WILL BE DELIVERED TO THE BASE	BRANCH	
I confirm that I have the required manda I/We authorize Bank of Baroda to issue a I/We further unconditinally and irrevoca	a Debit cum ATM card to me/us	
	ECLARATION/DEBIT CARD UND	· · · · · · · · · · · · · · · · · · ·
and conditions and to any changes made thereis the sole account holder or have the required mage. I/We understand that upon issue of Debit Cobe deactivated. I/We will agree to the bank to u 2017. I/We accept full responsibility for my/our	in from time to time by the Bank at its andate to operate the account linked to Card to me/us, the existing ATM Card o use or share personal data or information Debit Card and agree not to make any wal of debit card, on its expiry. In Cas	age of the Debit Card. I/We accept to be bound by the said ters sole discretion without any notice to me/us. I confirm that is to the Debit Card singly and that I/We have completed 18 year of Bank of Baroda's standalone ATM linked to my/our account ion as per the requirement of the bank under Data Protection y claims against Bank of Baroda in respect thereto.  See of non-renewal, please visit your base branch/login to Mony behalf and shall be constructed as such in all instances.
(Applicant Signature)	(Other Account Holds	iei s signature)
Oate: (In case o	f joint account holders, all account ho	olders should put their signatures)  Branch Code:
For use in Branch	Name of the Officer	Signature
Signature Verified by		
Eligibility Verified by  Toll Free No: 8974	https://www.bankofh:	aroda-mu.com/product-and-services/services/digital-service