

To,  
The Branch Manager, Dena Bank \_\_\_\_\_ Branch  
I/We wish to apply for the Dena International Gold Debit Card against my/our following accounts in your Bank.

**FIRST ACCOUNT HOLDER:** NAME : (Name of person in whose name the card is to be issued) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ FATHER'S/HUSBAND'S NAME \_\_\_\_\_

**NAME AS DESIRED ON THE DEBIT CARD**  
(Maximum upto 18 characters, not a nickname)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**ADDRESS**  
Flat/House No.: \_\_\_\_\_ Building : \_\_\_\_\_ Street : \_\_\_\_\_ Area : \_\_\_\_\_  
City : \_\_\_\_\_ District : \_\_\_\_\_ Pin : 

--	--	--	--	--	--	--	--	--	--

 Landmark : \_\_\_\_\_  
Tel No. (O) : \_\_\_\_\_ Tel No. (R) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

I would like to link my following Savings/Current Account\* to Dena International Gold Debit Card : Branch : \_\_\_\_\_  
(a) **PRIMARY ACCOUNT** : SB/Current Account Number : \_\_\_\_\_ Title of a/c : \_\_\_\_\_  
(b) **OTHER ACCOUNT** : Branch : \_\_\_\_\_  
(i) SB/Current Account Number : \_\_\_\_\_ Title of a/c : \_\_\_\_\_  
(ii) SB/Current Account Number : \_\_\_\_\_ Title of a/c : \_\_\_\_\_

**FOR SECOND JOINT ACCOUNT HOLDER & ADDITIONAL CARD # :** NAME : \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ FATHER'S/HUSBAND'S NAME \_\_\_\_\_

**NAME AS DESIRED ON THE DEBIT CARD**  
(Maximum upto 18 characters, not a nickname)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**ADDRESS**  
Flat/House No.: \_\_\_\_\_ Building : \_\_\_\_\_ Street : \_\_\_\_\_ Area : \_\_\_\_\_  
City : \_\_\_\_\_ District : \_\_\_\_\_ Pin : 

--	--	--	--	--	--	--	--	--	--

 Landmark : \_\_\_\_\_  
Tel No. (O) : \_\_\_\_\_ Tel No. (R) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

I, hereby nominate Mr./Ms. \_\_\_\_\_ Relationship : \_\_\_\_\_ for claim under the Personal Accidental insurance cover :

**DECLARATION / DEBIT GOLD CARD UNDERTAKING :** I/We confirm that I / We are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Dena International Gold Debit Card singly. I / We accept full responsibility for my / our Dena International Gold Debit Card and agree not to make any claims against Dena Bank in respect thereto.

Signature of the First Applicant:  
Date:

Signature of the Second Applicant:  
Date:

(In case of more than **two cards** please use an additional application form, charges applicable)

\* Dena International Gold Debit Card is provided only **for accounts** where mode of operation is self / either or survivor / anyone or survivor. Dena International Gold Debit Card is not issued to trust accounts and against borrowal accounts (except select Overdraft Accounts.)

# conditions apply.

## FOR BRANCH USE ONLY

Signature/address of customer and mode of operation of the Account(s) verified. The conduct of the account during the last six months is satisfactory/customer has good financial standing (in case of new accounts). We hereby request you to issue Dena Gold Debit Card:

Name of the verifying Authority

---

Signature of the verifying Authority  
(with P. A. Number)

---

Branch 

---

Date 

---

## FOR DATA ENTRY

Application

a) Received on 

---

b) Entered on 

---

c) Entered by 

---

d) Authorised by 

---

## ACKNOWLEDGMENT / UNDERTAKING

Received Gold Debit Card and PIN in good condition

Card No. 


I/We have read and understood the Terms and Conditions governing the usage of Dena Gold Debit Card. I/We accept to be bound by the said Terms and Conditions or to any changes made therein from time to time by the Bank at its sole discretion without any notice to me / us.

Signature of card Holder

---

Verified by  
Signature of Branch Officer  
Date: