



To,

The Branch Manager,

Swatantrya Senani Late Shripal Alase (Kaka)
Kurundwad Urban Co-op Bank Ltd; Kurundwad.

Branch :-

Sub : Duplicate ATM PIN / CARD REGENERATE / BLOCK Request Form.

(Please USE BLOCK LETTERS only-All fields marked " * " are MANDATORY)

*Name On the Card :-

*ATM / Debit Card No. :-

*Account No. :-

*Customer ID :-

*ATM CARD TYPE

Regular
 Instant

PLEASE INDICATE THE INSTRUCTION THAT YOU WISH TO SEND BY TICKING THE APPROPRIATE BOX(S)

1. ATM Card PIN regeneration request -
2. ATM Card block request -
3. ATM Debit Card re-issuance request -
4. Reason for above: _____

* Note : For duplicate card regenerate / ATM PIN generation the bank may levy charges as applicable.

Full Name of Customer / Cardholder

Signature of the Customer / Cardholder

For Bank Use Only

1) Confirmed Registered Mobile No. as per system.
3) Verified Signature of customer are correct as per system.

2) Confirmed Address as per system.
4) Account details are correct.

Customer Signature for having Verified

Authorizer's / Approval Signature

Customer Copy

Acknowledgement Duplicate ATM PIN / CARD REGENERATE / BLOCK Request

Name On the Card :

Ref. No.

Name of Customer / Cardholder : _____

Request for :-

1. ATM Card PIN regeneration request
2. ATM Card block request
3. ATM Debit Card re-issuance request
4. Reason for above: _____

Acknowledgement Date: _____

Branch Name: _____

* Note: For duplicate card regenerate / ATM PIN generation the bank may levy charges as applicable.

Signature of Bank Official: _____